# L15000107675

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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CAPITAL C	ONNECTION,				
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(850) 224-8870 • 1-8	00-342-8062 • Fax (850)	222-1222			
-lubbell JPM, LLC	· · · · · · · · · · · · · · · · · · ·				
			Art of Inc. File		
			LTD Partnership File		
			_ Foreign Corp. File	-	
			L.C. File		
		<u> </u>	Fictitious Name File		
			Trade/Service Mark		
			Merger File	1	.7
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			RA Resignation	 لىد	!
		—-	Dissolution / Withdrawal		• •
			Annual Report / Reinstatement	<u>````</u>	
			Cert. Copy Photo Copy	<u>ි</u>	
			Certificate of Good Standing		
			Certificate of Status		
			Certificate of Fictitious Name		
			Corp Record Search		
			Officer Search		
			Fictitious Search		
Signature			Fictitious Owner Search		
orgnature			Vehicle Search		
		[	Driving Record		
Requested by: <sub>SETH</sub>	11/12/17		UCC 1 or 3 File		
Name	$-\frac{11/13/17}{Data}$		UCC 11 Search		
Nafile	Date Tim		UCC 11 Retrieval	-	
Walk-In	Will Pick Up		Courier		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Hubbell JPM, LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000107675</u>	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	6560 West Rogers Circle, Suite 15		
(Principal office address MUST BE A STREET ADDRESS) Boca Raton, FL 33487			
Enter new mailing address, if applicable:	6560 West Rogers Circle, Suite 15 Boca Raton, FL 33487		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>enter</u>	the name of the n	
	_ .'		
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:		2 <b>.</b> 1	
	Enter Florida street address	······································	
	, Florida		
	City	Zip Code	

### New Registered Agent's Signature, if changing Registered Agent:

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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

### MGR = Manager

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# AMBR = Authorized Member

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Title	<u>Name</u>	Address	Type of Action
MGR	Levinson, Jordan	703 E Palmetto Park Road	Add
		Boca Raton, FL 33432	
			Change
MGR	Levinson, Jordan	6560 West Rogers Circle, Suite 15	🖬 Add
		Boca Raton, FL 33487	Rеточе
			 Change
			Ô Add
			Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated November 11 Output: November 12 Output: November 13 Output: November 13 Output: November 14 Output: November 14 Output: November 15 Output: November 15 Output: November 16 Output: November 16 Output: November 17 Output: November 18 Output: November 18 Output: November 19 </td <td>E. Effect</td> <td>ive date, if other than the o</td> <td>date of filing: (optional)</td> <td>=:</td>	E. Effect	ive date, if other than the o	date of filing: (optional)	=:
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		<u></u>	Signature of a member or authorized representative of a member	
Jordan Levinson		Jordan Levinson		
Typed or printed name of signee			Typed or printed name of signee	

Filing Fee: \$25.00

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