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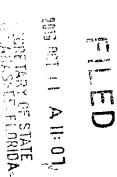
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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S Warren

OCT 11 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JM Datum Construction LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mason Haynes Name of Person
JM Datun Construction UC Firm/Company
939 22nd AV S Address
St. Petersburg, FL 33705
St. Petersbung, Fl. 33705 City/State and Zip Code: Lclating Re Cyahoor Com E-mail address: (to be used for future annual report notification):
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kaisha Latinope at (727, 433 2219
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{State} \text{Solutional copy is enclosed}\$\text{State} \text{Solutional copy is enclosed}\$\text{Solutional copy is enclosed}

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company)		
(Name of the Limited Liability Company (A Florida Limited Liab	ility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number 41400075594	ere filed on May 07, 2	OH and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabilit</u>	y company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		To No. A
_		
_		32
inter new mailing address, if applicable:		m k
Mailing address MAY BE A POST OFFICE BOX)		Sa = 0
		E 0
-		<u> </u>
B. If amending the registered agent and/or registered offic egistered agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>ent</u>	er the name of the no
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
Name of the Control o	, Florida	
	City	Zip Code

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

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

AMBR = Authorized Member

Title Title <u>Address</u> **Type of Action** <u>Name</u> Joseph Lovett 29611stAVN SteD St. Petersburg, FL 33713 □ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Add □ Remove ☐ Change ☐ Remove ☐ Change □ Add □ Remove _□ Ghange _□ Change

	•
ı effect	e date, if other than the date of filing: (optional) ive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
ed	Masign Hayres Signature of a member or authorized representative of a member
	Mason Hours
	Signature of a member or authorized representative of a member Mason Haynes
	Mason Haynes Typed or printed name of signee
	Mason Haynes