

11/19/2014

L14 000 178176

Division of Corporations

# Florida Department of State

Division of Corporations

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H14000268934 3)))



H14000268934ABC4

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.  
Account Number : I20120000051  
Phone : (305)937-7773  
Fax Number : (815)301-2897

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: eva.dhringe@tax.com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAYME LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

14 NOV 19 AM 10:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV 19 AM 7:51

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

J. Shivers NOV 20 2014

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

JAYME LLC

H140002689343

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Nov 17, 2014 and assigned  
Florida document number L14000178176

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

RECEIVED  
14 NOV 19 AM 7:51  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

H140002689343

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

H140002689343

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

AMBR	AYMERIC CHOCRON	7960 Crespi Blvd	<input type="checkbox"/> Add
------	-----------------	------------------	------------------------------

		Miami Beach, FL 33141	<input checked="" type="checkbox"/> Remove
--	--	-----------------------	--

AMBR	Jacques Chocron	Hativat Golani Street # 25	<input checked="" type="checkbox"/> Add
------	-----------------	----------------------------	---

		Raanana, Israel	<input type="checkbox"/> Remove
--	--	-----------------	---------------------------------

☐ Add  
☐ Remove

SECRETARY OF STATE  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11/19/01 BY 1045

☐ Add  
☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

H140002689343

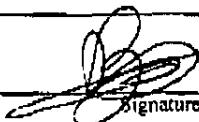
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

H140002689343

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 19, 2014



Signature of a member or authorized representative of a member

Julie Mimran, Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 NOV 19 AM 7:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H140002689343