

L150000/56/6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

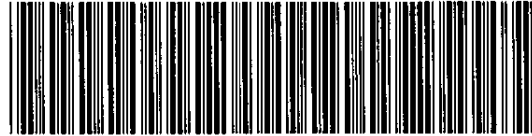
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL - 3 2015
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JM STAFFING, 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:

Name of Person

HCT CERTIFIED PUBLIC ACCOUNTANTS
Firm/Company

3816 HOLLYWOOD BOULEVARD, SUITE 203
Address

HOLLYWOOD, FL 33021
City/State and Zip Code

brains729@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HCT CERTIFIED PUBLIC ACCOUNTANTS at (954) 966-4435
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional 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

JM STAFFING, LLC

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TALLAHASSEE FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>MGR</u>	<u>CATHERINE MALCOLM</u>	<u>2280 SW 139TH AVENUE</u>	<input type="checkbox"/> Add
		<u>DAVIE, FLORIDA 33325</u>	<input checked="" type="checkbox"/> Remove

<u>MGR</u>	<u>DIEDRE MALCOLM</u>	<u>POST OFFICE BOX 14035</u>	<input checked="" type="checkbox"/> Add
		<u>FORT LAUDERDALE, FL 33302</u>	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 May 27, 2015.



Signature of a member or authorized representative of a member

Diederik Malcolm

Typed or printed name of signee

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Filing Fee: \$25.00

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