## 1500026230

| (Req                      | uestor's Name)   |             |
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| (/ \u0                    | 1033)            |             |
|                           | ,                |             |
| (City                     | /State/Zip/Phone | ∍ #)        |
| PICK-UP                   | ☐ WAIT           | MAIL        |
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| (Bus                      | iness Entity Nan | ne)         |
|                           |                  |             |
| (Doc                      | cument Number)   |             |
| (500)                     | dinent Hambery   |             |
| 0.17.10.                  | <b>-</b> 45 .    |             |
| Certified Copies          | Certificates     | s of Status |
|                           |                  |             |
| Special Instructions to F | iling Officer:   |             |
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Office Use Only



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WOPETARY OF STATE

S Warren

JAN 30 2017

## **COVER LETTER**

|            | Registration Sec<br>Division of Corp |  |   |  |
|------------|--------------------------------------|--|---|--|
| SURIFC     | JIMCO LLO                            |  |   |  |
| SUBJEC     |                                      |  | ted Liability Company   |  |
| The enclo  | osed Articles of A                   | Amendment and fee(s) are subn                | nitted for filing.  |  |
| Please ret | urn all correspon                    | dence concerning this matter t               | o the following:  |  |
|            |                                      | NICOLE J. HUESMANN                           |   |  |
|            |                                      | _  | Name of Person  |  |
|            |                                      | NICOLE J. HUESMANN,                          | P.A.  |  |
|            |                                      |  | Firm/Company  |  |
|            |                                      | 150 ALHAMBRA CIRCLE                          | E, SUITE 1200   |  |
|            |                                      |  | Address   |  |
|            |                                      | CORAL GABLES, FL 331                         | 34  |  |
|            |                                      |  | City/State and Zip Code   | <del> </del>   |
|            |                                      | NJHUESMANN@NJHLAW                            |   |  |
|            |                                      | E-mail address: (to                          | be used for future annual report notifi                             | cation)  |
| For furthe | er information co                    | ncerning this matter, please cal             | ll:   |  |
| NICOLE     | J. HUESMANN                          |  | 305 858-0220  |  |
|            | Name of                              | Person                                       | at () Area Code Daytime   | Telephone Number   |
| Enclosed   | is a check for the                   | following amount:                            |   |  |
| □ \$25.0   | 0 Filing Fee                         | □ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JIMCO LLC   |   |  |            |
|---|---|--|------------|
| (Name of the Limit  | ed Liability Company as it now ap<br>(A Florida Limited Liability Compa | pears on our records.)<br>ny)                    |            |
| The Articles of Organization for this Limited Li Florida document number L15000026230 | ability Company were filed or   | n 02/11/2015 and assigned                        |            |
| This amendment is submitted to amend the following                                    | owing:  |  |            |
| A. If amending name, enter the new name of  | the limited liability compan  | y here:  | ****       |
| The new name must be distinguishable and contain the w                                | ords "Limited Liability Company," (                                     | the designation "LLC" or the abbreviation "LLC." |            |
| Enter new principal offices address, if applica                                       | able:   |  | -<br>-     |
| (Principal office address MUST BE A STREE   | T ADDRESS)  | <u> </u>   | -          |
|   |   |  |            |
|   |   | ATE<br>AIDA                                      | -          |
| Enter new mailing address, if applicable:   |   | ~**  |            |
| (Mailing address MAY BE A POST OFFICE I   | <u> </u>  |  | -          |
|   | <u> </u>  |  |            |
| B. If amending the registered agent and/or the new registered of                      |   | on our records, enter the name of the p          | <u>iew</u> |
| Name of New Registered Agent:   | JEAN C. FOUQUET   |  |            |
| New Registered Office Address:  | 150 SE 2ND AVENUE, SUIT   | E 300  |            |
|   | Enter   | Florida street address                           |            |
|   | MIAMI   | , Florida <sup>33131</sup>                       |            |
|   | 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

Page 1 of 3

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

| <u>Title</u> | <u>Name</u>                        | Address                | Type of Action              |
|--------------|------------------------------------|------------------------|-----------------------------|
| MGR          | MSS International Consultants, LLC | 600 CORAL WAY          | Add                         |
|              |                                    | 12TH FLOOR             | Remove                      |
|              |                                    | CORAL GABLES, FL 33134 | Change                      |
|              |                                    |                        |                             |
|              |                                    |                        | □ Remove                    |
|              |                                    |                        | Change                      |
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| - <u></u>    |                                    |                        | Add                         |
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|              |                                    |                        | Change                      |
|              |                                    |                        | Add                         |
|              |                                    |                        | Remove  Change  Add  Remove |
|              |                                    |                        | Remove                      |

| ffective date, if other than the date of filing:  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 dote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 occument's effective date on the Department of State's records.  are record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear The 90th day after the record is filed.  Signature of a member or authorization remarks the member.  Signature of a member or authorization remarks the member. | e date of filing:  | anici  | iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|---|--|--------|---|
| ffective date, if other than the date of filing:  | e date of filing:  |        |   |
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| Typed or printed name of signee   | Typed or printed name of signee  |        | Signature of a member or authorized services of a member  |
| Typed or printed name of signee   | Typed or printed name of signee  |        |   |
|   |  |        | JEAN-CHRITOPHE FOURIET  |
|   | 2 2  |        |   |

Filing Fee: \$25.00