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TO: Registration Section Division of Corporations

J & M FIRE EQUIPMENT LLC

SUBJECT: _____

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:

MATTHEW S MILLER

Name of Person

J & M FIRE EQUIPMENT LLC

Firm/Company

12201 NW 35TH ST. #403

Address

CORAL SPRINGS, FL. 33065

City/State and Zip Code

TAXESRUS@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD W HARRIS

Name of Person

954 726-7744 at (____) ____

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$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 Tailahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

J & M FIRE EQUIPMENT LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	i ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	12201 NW 35TH ST. #403	
Principal office address MUST BE A STREET ADDRESS)	CORAL SPRINGS, FL. 33065	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> 3. If amending the registered agent and/or registered of		FILEU 17 JUL 24 PH 2: DIVISION OF DOX OF
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter</u> <u>e</u> :	the frame of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	MATTHEW S MILLER	9506 NW 73RD ST	bbA 🖬
		TAMARAC, FL. 33321	Remove
			Change
AMBR	JEFFREY J MILLER	181 SW 76TH TERRACE	🗆 Add
		MARGATE, FL. 33068	Remove
			Change
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	MAY	2 2017		

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 JULY 20TH 2017. Signature of a member or authorized representative of a member

MATTHEW S MILLER

Typed or printed name of signee

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Filing Fee: \$25.00