## 115000066291

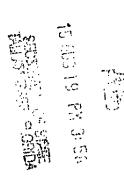
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## **COVER LETTER**

TO:		istration Sec sion of Corp			
	A	JMJ Partner	e I I C		••
SUBJI	ECT:	JIVIJ I GITIRLI			
			Name of Limi	ited Liability Company	
The en	closed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return	all correspor	ndence concerning this matter	to the following:	
			James F. Mathews		
				Name of Person	
			JMJ Partners LLC		
				Firm/Company	·
			988 Vireos Circle		
				Address	<del></del>
			Tallahassee, Florida 32312		
				City/State and Zip Code	
			mathjjj@comcast.net		
				to be used for future annual report	notification)
For fur	rther in	formation co	oncerning this matter, please ca	all:	
James	F. Ma	thews		850 562-357	76
		Name of	Person .	at () Area Code Da	nytime Telephone Number
Enclos	sed is a	check for the	e following amount:		
\$2	5.00 F	iling 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

JMJ Partners LLC

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

(A Florida	ia Limited Lia	ibility Compar	) <b>y</b> )		
The Articles of Organization for this Limited Liability C Florida document number $\frac{L15000066291}{L15000066291}$	Company w	ere filed on	April 15, 2015	and assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liabili	ty company	<u>/ here</u> :		
N/A					
The new name must be distinguishable and contain the words "Lim	mited Liability	y Company," t	ne designation "LL	C" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDI	RESS)	N/A			
					<del></del>
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		N/A			
B. If amending the registered agent and/or registered agent and/or the new registered office add		ce address	on our record	is, enter the name of the	e new
registered agent and/or the new registered office add	uress nere.				
Name of New Registered Agent: N/A					
		<u>"</u>			
New Registered Office Address:		Fnter	Florida street addre	P & &	
		12/110/			
		City	, F	loridaZip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:	211,7		24 002	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a	t and agree complete p	erformance	of my duties, d	and I am familiar with and	l
being filed to merely reflect a change in the registere company has been notified in writing of this change.	ed office a				

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joyce L. Mathews	988 Vireos Circle, Tallahassee, Fla	Add
			□ Remove
		<del> </del>	Change
<del></del>			Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
		<del></del>	☐ Change
	-		
			□ Remove
			☐ Change
			Add
			☐ Remove
			□ Change

. It amending	gany other informatio	n, enter change(s) here: (Attach additional sheets, if nec	essury.)
	,		<del> </del>
			· · · · · · · · · · · · · · · · · · ·
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-			
Note: If the	date inserted in this bloc	te of filing: (option of filing or more than 90 days after to does not meet the applicable statutory filing requirements, this artment of State's records.	onal) filing.) Pursuant to 605.0207 (3 s date will not be listed as th
	specifies a delayed of day after the recor	ffective date, but not an effective time, at 12:01 and is filed.	a.m. on the earlier of:
Dated	August 19	2015	
		I Month	
_		gnature of a member or authorized representative of a member	
		James F. Mathews	

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Filing Fee: \$25.00