

LI50000 79387

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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15 AUG 21 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 24 2015  
J SHIVERS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

JOCMD 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:

Manuela Jaramillo

\_\_\_\_\_  
Name of Person

JOCMD LLC

\_\_\_\_\_  
Firm/Company

2455 SW 27th Avenue Ste 200

\_\_\_\_\_  
Address

Miami FL 33145

\_\_\_\_\_  
City/State and Zip Code

mjaramillo@latinpressinc.com

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

For further information concerning this matter, please call:

Manuela Jaramillo

305

609-4536

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

**TO  
ARTICLES OF ORGANIZATION  
OF**

JOCMD LLC

(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 May 5, 2015 and assigned  
Florida document number L15000079387.

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 contain 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)**

**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

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**

or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JAMES O COFFEY	2455 SW 24TH AVE STE 200	<input type="checkbox"/> Add
		MIAMI FL 33145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MANUELA JARAMILLO	2450 SW 23RD AVE	<input checked="" type="checkbox"/> Add
		MIAMI FL 33145	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

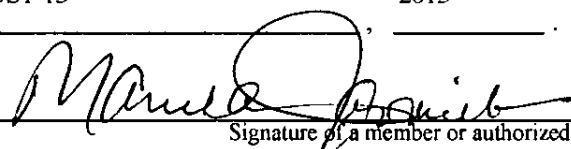
Blank lined area for document content.

15 AUG 21 PM 2:58  
CLERK OF COURT  
JAIL AND SILENT FLOOR

E. Effective date, if other than the date of filing: JUNE 1 2015 (optional)  
(If 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 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 AUGUST 15, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MANUELA JARAMILLO  
\_\_\_\_\_  
Typed or printed name of signee