# L15000102200

(Re	equestor's Name)		
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Certified Copies Certificates of Status			
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### COVER LETTER

Division of Corporations  JAT MIN 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:  VERONICA TARLTON  Name of Person  MATTHEWS ACCOUNTING SERVICES INC	.₩	æ	eș.	
	CLC	•		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	VERONICA TARLTON			
		Name of Person		
	MATTHEWS ACCOUNT	ING SERVICES INC		
		Firm/Company		
	13700 US HIGHWAY ON	E, STE 101		
		Address		
	JUNO BEACH FLORID	A 33408		
		City/State and Zip Code		
	VERONICA@MASINC.BI			
	E-mail address: (	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please ca	all:		
VERONICA TARLTON	1	561 775-4575 at ( )		
Name o	f Person		Telephone Number	
Enclosed is a check for t	he 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 Certificate of Certified Cop (additional copy	f Status &

MAILING ADDRESS:
Registration Section

TO:

**Registration Section** 

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

JAT MIN LLC			
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)		
The Articles of Organization for this Limited Liability Con	npany were filed on JUNE 11 2015	and as	ssigned
Florida document number L15000102200			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u> </u>		<del></del>
<b>7</b>			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register			of the ne
registered agent and/or the new registered office addres	<u>s nere</u> :		· wife
		至3000000000000000000000000000000000000	Section of the sectio
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Enter Florida street address	(/) (	<u> </u>
·	, Florida	_ <u>\$1</u>	-
	City	7º Zin 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

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added br removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
м	ANTHONY DEJOSIA	8385 MULLIGAN CIR	
		PORT ST LUCIE FL 34986	■ Remove
			Change
М	AMY CUHEL SCHUCKERS	5 HEDGES AVE	
		JAMESTOWN NY 14701	□ Remove
			□ Change
			Add
			Remove
			Change
			22 23 34 34 34
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			JUNE 11 201:	5			£
L Effection (If an effection)	ve date, if other than ective date is listed, the date	the date of filing	no•		optional) an 90 days after filing.	) Pursuant to 6	505.0207 (3)
Note:	If the date inserted in the ent's effective date on the	is block does not	meet the applicab	le statutory filing req	uirements, this date	will not be l	isted as the
f the rec b) The	ord specifies a dela 90th day after the	yed effective record is filed	date, but not a l.	an effective time	, at 12:01 a.m.	on the ear	rlier of:
Dated ]	JUNE 23		2015				
Daicu.	0.10	S of last	11 an	zed representative of a			
	וע גוו גוע ר	/   4 / / / /					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00