Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JGMR CODING SOLUTIONS LLC

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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JGMR CODING SOLUTIO	
(Name of the Limited Liability Company as it no (A Floride Limited Liability Co	r appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were file	d on 09/21/2015 and assigned
Florida document number L15000160683	
This amendment is submitted to amend the following:	
L If amending name, enter the new name of the limited liability com	pany here:
IGMR, LLC	
The new name must be distinguishable and contain the words "Limited Liability Compa-	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	£6 4 1
•	ASS TO
Euter new mailing address, if applicable:	F7-1
(Mailing address MAY BE A POST OFFICE BOX)	
	溢着
B. If amending the registered agent and/or registered office address tagent and/or the new registered office address here:	on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Flortda street address
	. Florida
City	Zip Code
25 1 males Danietaund Agaists	

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 Naw 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>	Name	Address	Type of Action
			DAdd
			□Remove
			[] Change
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