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K. SALY SEP 2.7 2016

COVER LETTER

TO:	Registration Sect Division of Corpo		
SUBJE	CT·	JMT GROUP	P INVESTMENTS LLC
SUBJE	C1.	Name	me of Limited Liability Company
The end	closed Articles of A	mendment and fee(s)	s) are submitted for filing.
Please 1	return all correspond	lence concerning this	is matter to the following:
			FERNANDA SILVA
		-	Name of Person
			A&F FINANCIAL LLC
			Firm/Company
		4851 W H	HILLSBORO BLVD STE#A2
			Address
		COCONUT	T CREEK , FL , 33073
		-	City/State and Zip Code
			NANCIAL@AF-FINANCIAL.COM
		E-mail ac	address: (to be used for future annual report notification)
For fur	ther information cor	cerning this matter, p	, please call:
FER	NANDA SILVA		at (754) 205-9371
	Name of I	Person	Area Code Daytime Telephone Number
Enclose	ed is a check for the	following amount:	
\$2:	5.00 Filing Fee	□ \$30.00 Filing Fee Certificate of St	=

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



JMT GROUP INVESTMENTS 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 10/27/2015 and assigned Florida document number L15000182454 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

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	MARIA LUCIA DE MELO	4334 NW 4TH AVE	Add
		POMPANO BEACH , FL , 33064	⊠ Remove
			Change
			Add
			□ Remove
			□ Change
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(If an effect <u>Note:</u> If	e date, if other than the date of fit tive date is listed, the date must be specified the date inserted in this block does not seffective date on the Department	c and cannot be prior to date of filing or more than 9 not meet the applicable statutory filing require	(optional) 0 days after filing.) Pursuant to 605.0207 (3)(bements, this date will not be listed as the
	ord specifies a delayed effective of the control of	ve date, but not an effective time, at ed.	: 12:01 a.m. on the earlier of:
Dated _	September 14	_, 2016	
_	x José Marro	-diPaulax Telma	Storen.
	Signature	of a member or authorized representative of a men	lbér
	JOSE MARIA DE PAULA	Typed or printed name of signee	<u>-</u>
nte of <u>Flori</u>	da		
unty of PRO	ward lay of Scote nober 2016	Page 3 of 3	FERNANDA GONDIM SI
fore me person		- ,	MY COMMISSION # FF94 EXPIRES January 10, 21
me known to b	e the person who executed the	TELMAL. PEREIRA FORMIGA AS	(407) 398-0153 Flonds/NotaryService.com
	ent and adenousefixed that he		and the second of the second o
regoing Instrum	ent, and acknowledged that he each his free act and deed.	Passport # YB319099	