

L16000001680

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 29 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THREEITONE LLC

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:

JOSE A. MONTANO SR.

Name of Person

JAMMECIS LLC

Firm/Company

6451 SW 27 ST

Address

MIAMI, FL 33155

City/State and Zip Code

ja.montano@aol.com

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

For further information concerning this matter, please call:

JOSE A MONTANO SR.

305 519-8602
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THREEITONE, 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 01/04/2016 and assigned
Florida document number L16000001680.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JAMMECIS, LLC

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)

6451 SW 27 ST

MIAMI, FL 33155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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

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>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change

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STATE OF FLORIDA

[illegible]

(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)

Dated 08/23/2016

Signature of a member

Signature of a member or authorized representative of a member

JOSE A. MONTANO SR.

Typed or printed name of signee

16 AUG 26 PM 1:17
SECURITY DIVISION
TALLAHASSEE, FLORIDA