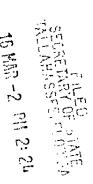
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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MAR 0 3 2016 S. YOUNG

COVER LETTER

FO: Registration Section Division of Corporations	٠.
SUBJECT: JJLM Properties, LLC Name of Limited Liability Company	
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:	
Jurdan Hawkins	7 510
Name of Person	16 Km -2
Firm/Company	19763 F.FLURY MM -2 PH 2: 24
427 5, 9th Street Address	PH 2: 24
	<u>'</u>
Leesburg, Fl 34748 City/State and Zip Code	
Tordan hawkins a gmail. Com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tordan Hawkins at (362) 636-0555 Name of Person Area Code Daytime Telephone Number	
Paganto of Felson Paganto Pelaphone (Valido)	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified (of Status &

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

(A Florida Limited Lia	y as it now appears on our records.) lability Company)		
The Articles of Organization for this Limited Liability Company v	were filed on	d assigned	
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation	on "L.L.C."	
Enter new principal offices address, if applicable:	427 S. 916 Street	16日	
(Principal office address MUST BE A STREET ADDRESS)	427 5, 916 Street Leasburg, FL 34748	55 (15)	
		<u>, 79 87 87 87 87 87 87 87 87 87 87 87 87 87 </u>	
Enter new mailing address, if applicable:	427 5, 9th Street Leesburg, FL 34748	?	
(Mailing address MAY BE A POST OFFICE BOX)	Leesburg, FL 34748	<u> </u>	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent:		me of the new	
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City Zip (Code	

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = N AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jordan Hawkins	36819 aven Bee Cane	Add
		Grand Island, FL 32735	III-Kemove
			Change
MGR	Shirley M Hawkins	36819 aven Bee Cane	
		Grand Island, FL 32735	Remove
			Change
MGR	5 Marcus Hawkins	427 5, 9th Street	Change Add
		427 5, 9th Street Leesburg, FL 34748	Remoye Change
			Change-
			🗆 Add
			☐ Remove
			□ Change
			Add
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			Remove

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ective date, if other than the date of filing:	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 ce: If the date inserted in this block does not meet the applicable statutory filing requirement of state's records.	lays after filing.) Pursuant to 605 ents, this date will not be liste
record specifies a delayed effective date, but not an effective time, at ${f 1}$ he 90th day after the record is filed.	2:01 a.m. on the earlie
ed <u>Feb 26</u> , <u>2016</u> .	
Signature of a member or authorized representative of a membe	r

Page 3 of 3

Filing Fee: \$25.00