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MAR 2 9 2017 S. YOUNG TALLAHASSTE FLORIDA

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	M Outsourcine Name of Lim	J ENTERPRISES LL ited Liability Company	<u>.</u>
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Jim	Bess Name of Person	
	J+1	1 Outsouring Firm/Company	Enterprises LLC
	1389	AN RAFAEL	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
		Address	4. [6]
	LOCKWA Jim. B E-mail address: (City/State and Zip Code 255 OVEVITY DO To be used for future annual report notif	7 0. Com lication) 3: 31
For further information of	concerning this matter, please ca		· 3
MARY E	FAULK of Person	at (813) 601 - Area Code Daytime	9531 Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	INC A DRDESS.	CTDEET/COUDI	FD ADDDECC

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**

J+M Dutsourcing	Enterprises LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on August, 10,2016 as	nd assigned
Florida document number <u>L16000149679</u> .	· ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation	ion "L.L.C."
Enter new principal offices address, if applicable:	Jim Bess	75
(Principal office address MUST BE A STREET ADDRESS)	1389 San Rafael	THE SER
	ROCKWAIL, TX 75087	R 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
	4	2
Enter new mailing address, if applicable:	Jim Bess	三 四 (1)
(Mailing address MAY BE A POST OFFICE BOX)	1389 San Rafael	
	Rockwall, TX 7508	7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ame of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u>,</u>
	, Florida City Zip	Code
New Registered Agent's Signature, if changing Registered Agent:	·	

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

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

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 Title Name **Address Type of Action** MARY E. FAULK MAK 4120 W. SANJUAN ST Remove ☐ Change 1389 SAN RAFAGE MGR JAMES W. BESS □ Add ☐ Remove Change □ Add Remov ₹5 _□ Change بر Add 🗖 ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

_□ Change

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an effect lote: If	e date, if other the tive date is listed, the the date inserted in the date of	date must be spec n this block doe	ific and cannot be not meet the	applicable statu	filing or more than tory filing requi	(optional 90 days after filin rements, this dat	g.) Pursuant to 60:	5.0207 ted as
The 9	rd specifies a c Oth day after t	the record is	filed.				. on the earli	er of:
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ated	March		, <u></u>	•				

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