

**L16000163093**

\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
**wrong form**

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TALLAHASSEE, FLORIDA  
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**FILED**

**S Warren**

JAN 05 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 22, 2016

JOSEPHINE FIORDILINO  
217 LAKE DAVENPORT CIRCLE  
DAVENPORT, FL 33837

SUBJECT: J&M CONSULTING SERVICES USA LLC  
Ref. Number: L16000163093

We have received your document for J&M CONSULTING SERVICES USA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 016A00027261

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** J&M Consulting Services USA 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:

Josephine Fiordilino  
Name of Person

J&M Consulting Services USA LLC  
Firm/Company

217 Lake Davenport Circle  
Address

Davenport, FL 33837  
City/State and Zip Code

jimconsulting01@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josephine Fiordilino at (321) 442-1132  
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

J&M Consulting Services USA 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 08/26/16 and assigned Florida document number L16000163093.

This amendment is submitted to amend the following:

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

J&M Services USA 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

, Florida

N/A

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

• Amending: • Additional Services: Handyman, Landscaping, Property Preservation, Winterization, Property Securing, Property Inspection, Property Maintenance, Inspection Services, RED Property Maintenance, Conveyance Condition Management, Debris Removal, Pool Securing

• Amending: Add EIN: EIN - 81-402 0445

E. Effective date, if other than the date of filing: 12/29/2016 (optional)  
(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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated December 29<sup>th</sup>, 2016

Josephine Fiordilino  
Signature of a member or authorized representative of a member

Josephine Fiordilino  
Typed or printed name of signee

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