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COVER LETTER

TO:	Registration Sect Division of Corpo		•	. •
SUBJI	ЕСТ:	AS & JM	LLC.	
		Name of Limi	ited Liability Company	
The en	closed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	ience concerning this matter	to the following:	
		Hlan	Sara Name of Person	
		·		
		_	Firm/Company	
		34 Rab	bits kun,	
		falm ?	Seach Garde City/Spate and Zip Code	ns F1,33418
		e-mail address: (1	to be used for fugure annual report n	otification)
For fur	ther information con	cerning this matter, please ca	all:	
	JOC Name of F	lamari erson	at (Sh.) 5 Area Code Dayt	41-1414 ime Telephone Number
	V			
Enclos	ed is a check for the	following amount:		
\$2	5.00 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

AS & JM 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 Florida document number <u>16000180552</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil. The new name must be distinguishable and contain the words "Limited Liabil."	JA	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	34 Rabbits Rur Palm Beach Gare	1 · tens F1,33419
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ne name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	FILED BCT-6 AMII: 41 BION OF CURR-UPATIONS
	, 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>	Address	Type of Action	
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	The address was wrong:		-
	34 Rabbits Run Palm Beach Gardens Fl 33418		- - -
		16 OCT	
		16 OCT -6 AM II: 41	「「「
an effectiv	date, if other than the date of filing: 09/29/2016 (option: ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.	ing.) Pursuant to 60	
e recor	the date inserted in this block does not meet the applicable statutory filing requirements, this does effective date on the Department of State's records. In specifies a delayed effective date, but not an effective time, at 12:01 a.m. oth day after the record is filed.		
ated	O9/29/2016, Signature of a member of authorized representative of a member		
	Typed or printed name of signee		

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Filing Fee: \$25.00