

LI6000184 770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

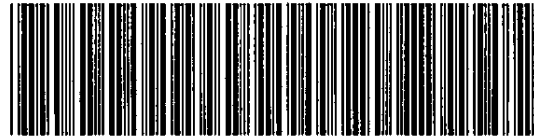
(Document Number)

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2016 OCT 24 PM 5:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
OCT 27 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 12, 2016

ANDERSON BUSINESS ADVISORS, LLC      SAE  
ATTN: JASMINE BARKUM  
3225 MCLEOD DR. #100  
LAS VEGAS, NV 89121

SUBJECT: JAM GROUP FL, LLC  
Ref. Number: L16000184770

RECEIVED  
2016 OCT 24 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for JAM GROUP FL, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 116A00022003



October 7, 2016

Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: JAM Group FL, LLC**

To Whom It May Concern:

Enclosed with this letter please find the following:

1. Two copies of Articles of Amendment to Articles of Organization for the referenced LLC;
2. A check for \$30 for the Filing Fee.
3. A return envelope.

Please file the Amendment to the Articles of Organization and return a copy to me in the enclosed envelope. If you have any questions regarding this filing please call me at 800-706-4741.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Jasmine", followed by a horizontal flourish.

Jasmine Barkum

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JAM Group FL, 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:

Jasmine Barkum

\_\_\_\_\_  
Name of Person

Anderson Registered Agents

\_\_\_\_\_  
Firm/Company

3225 McLeod Drive, Suite 100

\_\_\_\_\_  
Address

Las Vegas, Nevada 89121

\_\_\_\_\_  
City/State and Zip Code

jbarkum@andersonadvisors.com

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

For further information concerning this matter, please call:

Jasmine Barkum

800 706-4741  
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

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2016 OCT 24 PM 5:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

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>
MGR	A.T. Mathis	3225 McLeod Drive, Suite 100	<input type="checkbox"/> Add
		Las Vegas, NV 89121	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAM Group, Inc.	1623 Central Avenue, Suite 209	<input checked="" type="checkbox"/> Add
		Cheyenne, WY 82001	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 OCT 29 PM 5:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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2016 OCT 24 PM 5:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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 October 6th, 2016

for n =

Signature of a member or authorized representative of a member

**Jasmine Barkum**

Typed or printed name of signee