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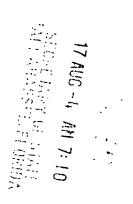
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COVER LETTER

TO:

	egistration Se Division of Cor		,	
SUBJECT	JG-EDAM	S.LLC		
SUBJEC	' ·	Name of Lim	ited Liability Company	pany
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	arn all correspo	ndence concerning this matter	to the following:	
		JUAN M. GARCIA		
		-	Name of Person	
		JG-EDAMS,LLC		
			Firm/Company	
		1767 HERMITAGE BLVI	D 11109	
			Address	**
		TALLAHASSEE, FL 323	08	
			City/State and Zip Code	
		INFO.SAEG@GMAIL.CO	M to be used for future annual report notil	(option)
For further	r information c	oncerning this matter, please co	·	icationy
JUAN M.	GARCIA		786 766 8938	
,	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed i	s a check for th	ne 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)
	Registr	ING ADDRESS: ation Section n of Corporations	STREET/COURI Registration Section Division of Corpor	n

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JG-EDAMS.LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our recordinated Liability Company)	<u>is.</u>)
he Articles of Organization for this Limited Liability Cor	mpany were filed on 04/20/2017	and assigned
orida document number L17000088701		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed liability company here:	
ne new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	
		AUG Barren
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
		95, 3
. If amending the registered agent and/or registe egistered agent and/or the new registered office addre		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	xx
	, F1	orida
	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>	Type of Action
MGR	GLORIA BOLANOS		
		1767 HERMITAGE BLVD 11109	■ Remove
		TALLAHASSEE FL 32308	Change
AMBR	MENDOZA MARCELA		
		1767 HERMITAGE BLVD 11109	■ Remove
		TALLAHASSEE FL 32308	Change
AMBR	STEPHANIE GARCIA		
		1767 HERMITAGE BLVD 11109	🖺 Remove
		TALLAHASSEE FL 32308	☐ Change
		- <u> </u>	
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cument's effective date on the Departme	ent of State's recor	ds.			
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Signatu	re of a number or au	utrorized represent	tative of a member		

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Filing Fee: \$25.00