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Florida Department of State  
Division of Corporations  
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From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP  
Account Number : 075350000132  
Phone : (305)374-7580  
Fax Number : (305)351-2122

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Email Address: mgomez@bilzin.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JM FAMILY HOLDINGS, LLC

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## COVER LETTER

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TO: Registration Section  
Division of Corporations

SUBJECT: JM Family Holdings, 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

Mildred Gomez, Esq

Name of Person

Bilzin Sumberg Baena Price & Axelrod, LLP

Firm/Company

1450 Brickell Avenue, 23rd Floor

Address

Miami, FL 33131

City/State and Zip Code

mgomez@bilzin.com

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

For further information concerning this matter, please call:

Mildred Gomez

at (305) 350-7283

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
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☐ \$55.00 Filing Fee &  
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
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(additional copy is enclosed)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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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	Javier Herran	8455 GRAND CANAL DRIVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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F. 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 November 22 2021

Signature of a member or authorized representative of a member

Mania M. Herran

Maria M. Herran Maria M. Herran  
Typed or printed name of signer

Filing Fee: \$25.00

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