Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170003317953)))



H170003317953ABC3 15

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6333

From:

Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.

Account Number : 120000000210
Phone : (561)713-2095
Fax Number : (561)747-4113

 $H^{*}(x)$. The second $H^{*}(x)$ is a second $H^{*}(x)$ in $H^{*}(x)$ is a second $H^{*}(x)$ in $H^{*}(x)$ in

Enter the email address for this business antity to be used for future annual report mailings. Enter only one email address please.

IANET@PROTOCOLHS.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JIMCO MGT., LLC

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 03

 Estimated Charge
 \$25.00

Electronic Filing Menu

Corporate Filing Menu

Hel

C 19 PM 1:

S. WARREN DEC 2 0 2017

12/19/2017, 9:17 AM

P 2/4

(((H17000331795 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JIMCO MGT., LLC			
(Name of the Limite	d Liability Company as it is A Florida Limited Liability (low appears on our records.) Company)	
The Articles of Organization for this Limited Li Florida document number L17000252312			and assigned
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liability cor	mpa ny here :	
The new name must be distinguishable and contain the w	ords "Limited Liability Comp	pany," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE			<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	.^	
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	or registered office ad fice address here: JECK, HARRIS, RAY		ter the name of the new
New Registered Office Address:	790 JUNO OCEAN W	ALK, SUITE 600	<u> </u>
New Registered Corners Attacked	JUNO BEACH	Enter Florida street address , Florida	33408 5
		, Fiorida	Zip Code
New Registered Agent's Signature, if changing		a'	
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this (((H1700033 (795 3))))	er and complete perfor stcred agent as provide registered office addre. change. If Changing Ro	mance of my duties, and Le ed for in Chapter 605, F.S.	or, if this document is limited liability

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H17000331795 3)))

MGR= M AMBR= A	lanager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			D Add
			□ Remove
		□ Change	
		97	⊅Add
			Remove
			☐ Change
,	·		
			☐ Remove
			ПРимочи
		Change	
		□ Add	
			П Кеточе
			Change
			Remove T
(((Hi7000	0331795 3)))		Comment of the commen

Page 2 of 3

(on	vional)
ective date, if other than the date of filing: (op neffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days af te: If the date inserted in this block does not meet the applicable statutory filing requirements, t	fter filing.) Pursuant to 605.
te: If the date inserted in this block does not meet the applicable statutory rining requirements, to current's effective date on the Department of State's records.	THE CALC WITHOUT DO NOTE
record specifies a delayed effective date, but not an effective time, at 12:01 The 90th day after the record is filed.	1 a.m. on the earlie
ne your day area. the vace a la mean	
led <u>Dec. 15</u> , 2017.	
	<u> </u>
	DEC
Signature of a member or authorized representative of a member	
	ī:- <u>—</u>
Signature of a member or authorized representative of a member Charles R. Modica Typed or printed name of signee	ī:- <u>—</u>
Charles R. Modica Club Raw	