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## **COVER LETTER**

Registration Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: JW	Name of Lim	up, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	- Floory Jorg	-S Name of Person			
	Jms				
		Firm/Company	_		
	3050 Dyer	Blud #238	3		
	hissinnee,	FL 34741 City/State and Zip Code			
	6 A 1			ائسُ يعظ	
For further informatio	E-mail address: ( on concerning this matter, please can be of Person  or the following amount:  □ \$30.00 Filing Fee & Certificate of Status	all:	·	M SEP	
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Enclosed is a check for	or the following amount:		ŗ	£ 0	
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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMS Investor's	Group, LLC	
( <u>Name of the Limited I</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi		and assigned
Florida document number $\_L1800$ - $\infty$ $-$	<u>3308</u> .	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
JMS Tourston (man)	11.6	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	ADDRESS)	
		·····
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	X)	
		r*n,
		13
B. If amending the registered agent and/or	registered office address on our records, en	ter the new
registered agent and/or the new registered office	address here:	27
Name of New Registered Agent:		U
		0
New Registered Office Address:	Bud. Ste. # 238  Enter Florida street address  Kissimmee	, 0 <sub>3</sub>
_	Kissimmee Florida	34741
	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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ote: If the date inserted in this block does not meet the applicable statutory focument's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605 filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earli
2 luy pry	
Signalure of a member or authorized representa	itive of a member

Page 3 of 3

Filing Fee: \$25.00