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TO: Registratio

COVER LETTER

Registration Section Division of Corporations

JLMG, LL	C		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jean Louis GIL		
		Name of Person	
		Firm/Company	
	1120 hudson rd		
		Address	
		City/State and Zip Code	
	Venice, Florida 34293		
For further information o	email address: oncerning this matter, please c	to be used for future annual report notifi	cation)
ror further information c	oncerning this matter, please c	aii.	
Jean Louis Gil		01133 673305995 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LMG,LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1120 hudson rd	A L
(Principal office address MUST BE A STREET ADDRESS)	Venice, Florida 34293	AP APE
		ASS ASS
Enter new mailing address, if applicable:	1120 hudson rd	PR 3
(Mailing address MAY BE A POST OFFICE BOX)	Venice, Florida 34293	IATE ORIE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	•	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	 .
	, Flor	
	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>	Name	Address	Type of Action
MGR	Miles, Marc	230 Tamiani Trail S, Ste 1,	□ Add
<u> </u>		Venice FL34285	<u></u> ≅ Remove
			□ Change
<u> </u>			□ Add
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ffective date, if other than the an effective date is listed, the date must	date of filing:		(optiona	l)
an effective date is listed, the date must lote: If the date inserted in this blo	t be specific and cannot be prio	r to date of filing or m cable statutory filin	ore than 90 days after filir g requirements, this da	ig.) Pursuant to 605,020 te will not be listed a
ocument's effective date on the De	epartment of State's records	š.		
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e record specifies a delayed The 90th day after the reco		ot an enective t	ime, at 12:01 a.m	. on the earner t
ated April, 24		·		
	Signature of a member or auth	orized representative	of a member	·····

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Filing Fee: \$25.00