# L18000101962

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T SCHROEDER

# COVER LETTER

**TO:**    **Registration Section**
          **Division of Corporations**

**SUBJECT:** _____ J & M Mortgage, 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:

Amada Maria Sampedro
_____
Name of Person

J & M Mortgage, LLC
_____
Firm/Company

3501 Bridgewell Court
_____
Address

Fort Myers, FL 33916
_____
City/State and Zip Code

mlsampedro1@gmail.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amada Maria Sampedro                           305        799-5257
_____ at (_____) _____
Name of Person                              Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                         Certificate of Status     Certified Copy          Certificate of Status &
                                                   (additional copy is enclosed)   Certified Copy
                                                                            (additional copy is enclosed)

**MAILING ADDRESS:**              **STREET/COURIER ADDRESS:**
Registration Section              Registration Section
Division of Corporations          Division of Corporations
P.O. Box 6327                     Clifton Building
Tallahassee, FL 32314            2661 Executive Center Circle
                                  Tallahassee, FL 32301

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

J & M Mortgage, LLC

**(Name of the Limited Liability Company as it now appears on our records.)**
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 23, 2018 and assigned

Florida document number L18000101962 .

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

_____

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

*(Principal office address MUST BE A STREET ADDRESS)*

**Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

**B.   If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

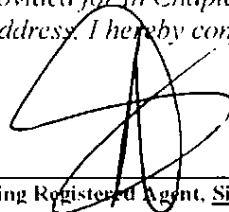| Name of New Registered Agent: | Amada Maria Sampedro |
|---|---|
| New Registered Office Address: | 3501 Bridgewell Court |

*Enter Florida street address*

Fort Myers , **Florida** 33916

*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

**Page 1 of 3**

**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**

| Title | Name | Address | Type of Action |
|-------|------|---------|----------------|
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
| | | _____ | ☐ Change |
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
| | | _____ | ☐ Change |
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
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| | | _____ | ☐ Change |
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
| | | _____ | ☐ Change |
| _____ | _____ | _____ | ☐ Add |
| | | _____ | ☐ Remove |
| | | _____ | ☐ Change |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

_____

_____

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FILED 18 SEP 21 PM 2:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA

**E. 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 September 17 2018.

_____
Signature of a member or authorized representative of a member

Amada Maria Sampedro
_____
Typed or printed name of signee