118000101962

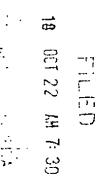
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to F	iling Officer:	





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COVER LETTER

SUBJECT:	J & N	M Mortgage, LLC		
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of A	mendment and fee(s) are subt	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	A	mada Maria Sampedro		
		Name of Person		
	J	& M Mortgage, LLC		
Firm/Company				
		3501 Bridgewell Court		
		Address	·	
		Fort Myers, FL 33916		
		City/State and Zip Code		
		sampedrol@gmail.com to be used for future annual re	port notification	on)
For further information co	ncerning this matter, please ca	dl:		
Amada Maria Sampedro		305 at ()	799-5257	
Name of	Person	Area Code	Daytime Tele	phone Number
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

J & M Mortgage, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records ability Company)	1)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L18000101962</u>	vere filed on April 23,2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)		· — —
		2 17
Enter new mailing address, if applicable:		全で
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		· o
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
•		
	City , F10	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pr	performance of my duties, and	d I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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
AR	JAVIER SAMPEDRO	3501 Bridgewell Court	Add
		Fort Myers, FL 33916	■ Remove
			☐ Change
			Remove
		<u> </u>	Change
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ective date, if other than the	date of filing:	(option	nal)
te: If the date inserted in this blo	ck does not meet the applicable statutory	or more than 90 days after r filing requirements, this	date will not be liste
cument's effective date on the De	partment of State's records.		
	effective date, but not an effective	ve time, at 12:01 a.	m, on the earlie
he 90th day after the reco	ra is filed.		
October 18	2018		
led			
	* /)	
	/X / /	•	
	Signature of a member or authorized represents	ative of a member	

D.

Page 3 of 3

Filing Fee: \$25.00