

L18000133092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

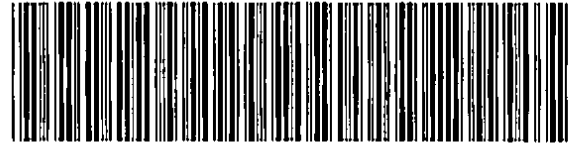
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APPROVED
AND
FILED
2019 JAN 18 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JTM HOLDINGS GROUP, 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:

Andrea Bone

Name of Person

Accounting & Business Partners LLC

Firm/Company

10730 102nd AVE N, STE B

Address

Seminole, FL 33718

City/State and Zip Code

Andrea.Bone@yourabpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Bone

Name of Person

at (127) 828-9945

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

JTM Holdings Group, 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 5/29/2018 and assigned Florida document number 418000135092.

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)

9800 Baywood Park dr.
Seminole, FL 33778

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9800 Baywood Park DR.
Seminole FL 33778

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:

John McGlone III

New Registered Office Address:

9800 Baywood Park DR

Enter Florida street address

Seminole

City

Florida

33778

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

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR MGR	JOHN MCGLONE III	9800 Baywood Park Dr	<input checked="" type="checkbox"/> Add
		Seminole, FL 33778	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Sally SHOEMAKER	9800 BAYWOOD PARK DR	<input type="checkbox"/> Add
		Seminole, FL 33778	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2019 JAN 18 PM 4:12
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA
2019 JAN 18 PM 4:12

(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)

Dated 1/15/2019

Signature of a member

Signature of a member or authorized representative of a member

THOMAS MCGLOWNE

Typed or printed name of signee