118000156596

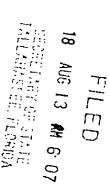
(F	Requestor's Name)
(A	Address)
A)	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(E	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer;





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MODELLIONS



July 9, 2018

JOSEPH ARGALL 1090 PINELLAS BAYWAY S, STE B2 TIERRA VERDE, FL 33715

SUBJECT: JMF GLOBAL LLC Ref. Number: L18000156596

We have received your document for JMF GLOBAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number

Letter Number: 118A00014080

COVER LETTER

SUBJECT:	MF GLOB Name of Limite	AL LLC ed Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	litted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
-	Juseph Pi	whond Argall Name of Person	
	IMF GL	DRAL LLC Firm/Company	
	1090 PiNO	Mis Bayway S,	Suile BZ
	Tienna Vena	Pa, Florida, 3. CityState and Zip Code	3715
_	E-mail address: (to	be used for future annual report notific	ation)
For further information conce	erning this matter, please cal	1:	
Toseph Rich	and ARRALL	at (<u>737</u>) <u>570 -</u> Area Code Daytime T	2767 Celephone Number
Enclosed.is.a.check for the fo	ollowing umount:		
Die paid	□ \$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:

TO:

Registration Section Division of Corporations

> 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

The Articles of Organization for this Limited Liability Company were filed on 6/36/18 and assigned Florida document number	(Name of the Limi	ied Liability Con (A Florida Limit	npany as it now appeared Liability Company)	s on our records.)	
This 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 "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: 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 provisions of all statutes relative to the proper and complete performance of my daties, 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.	The Articles of Organization for this Limited L	iability Compa	ny were filed on	6/24/	: <u>18 </u>
A. If amending name, enter the new name of the limited liability company here: A	Florida document number <u>Liótoot</u>	56596		, ,	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". 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 BON) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: To sept Richard Archild New Registered Office Address: N/A Sant Address Enter Florida street address Cay Florida To cop the Address Cay Tipe 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 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 commany has been notified in writing of this change.	This amendment is submitted to amend the following	owing:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". 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 BON) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: To sept Richard Archild New Registered Office Address: N/A Sant Address Enter Florida street address Cay Florida To cop the Address Cay Tipe 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 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 commany has been notified in writing of this change.	A. If amending name, enter the new name of	f the limited li	ability company he	re:	
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	Authorized Person(s) aufrom our records:		age, enter the title, name, and address	
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<u>Title</u>	<u>Name</u>		Address	Type of Action
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		V	The Same	Remove
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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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated The substitution of a member of a m				<u>-</u>
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	<u></u>	Signature of a member or authorized represen	ntative of a member	_

Page 3 of 3

Filing Fee: \$25.00 propaid