

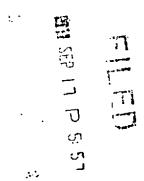
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September 4, 2018

JAMSOL LLC ATTN: SOLLI MALO 11280 TAMIAMI TRAIL N NAPLES, FL 34110

SUBJECT: JAMSOL LLC Ref. Number: L18000164194

We have received your document for JAMSOL LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 418A00018280

Michelle Milligan Senior Section Administrator

www.sunbiz.org

## **COVER LETTER**

TO: Registration Se Division of Cor				
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SUBJECT:	Name of Limi	ted Liability Company		
			<b>*</b>	2
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	indence concerning this matter t	to the following:		ا ر
	Solli B	Name of Person		<b>.</b> ህ '
	JAMSO	Firm/Company		ر
	11280 Tar	Mami Trail	N	
	Maples, F	City/State and Zip Code		
	Water M E-mail address: (1	to be used for future annual report notifi	cation)	
For further information of	concerning this matter, please ca	all:		
SOII N	Of Person	at (339) 596- Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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

JAMSOL_	LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our rec d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compare	ny were filed on $\frac{7/6}{}$	18 and assigned
This amendment is submitted to amend the following:		Fig. 1
A. If amending name, enter the new name of the limited lis		
The new name must be distinguishable and contain the words "Limited Liz	ability 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)	11280 To Naples, Fi	mami Trail N. 34110 5
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	11280 Tor Naples, FL	Migmi Trail N. 39110
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	l office address on our rec here:	cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	address
	City	_, Florida Zip Code
	City	

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 Type of Action Address Name 1 <u>Title</u> Solli B. Malo 11280 Tamicmi Trail No XAdd ANNER Naples, FL 34110 Remove 11280 Tamiami Trail No. | Change AMBR James B. Malu Naples FL 34110 □ Remove : \_ Change Ū □/Add сл **с**е ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove Change □ Add ☐ Remove

☐ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the date of filing:  (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 605.0.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	1207 (3 I as th
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier b) The 90th day after the record is filed.	of:
Dated Sept. 12 , 2018  Signature of a member of authorized representative of a member	
Tames B. Malo Typed or printed name of signee	

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Filing Fee: \$25.00