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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 2, 2018

JOHN EM SAMMONS 38831 SPARKMAN RD DADE CITY, FL 33525

SUBJECT: JEMS SOFTWARE SERIVCES, LLC

Ref. Number: L18000224147

We have received your document for JEMS SOFTWARE SERIVCES, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please type or print name of signee.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 318A00020470

018 OCT 15 6H ID: 03

Thank you. Signed as requested

www.sunbiz.org

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEMS SOFTWARE SERIVCES, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our rec Lability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000224147</u>	were filed on September 20th	th 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
JEMS Software Services, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)		
		7 99 11
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		N 20
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:		ords, <u>enter the name of the ne</u>
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street ad	ldraer
	Enter Florida sireer att	uress
	City	. Florida
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	THE COMM.
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p	performance of my duties.	, and 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
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if other than the date of filing:	(o	ptional)	
is listed, the date must be specific and cannot be prior to date of filing or me inserted in this block does not meet the applicable statutory filing			
ctive date on the Department of State's records.			
cifies a delayed effective date, but not an effective to by after the record is filed.	ime, at 12:0	1 a.m. or	n the earlier
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Signature of a member or authorized representative  Taken E. M.	> ar	wo	ne

Page 3 of 3

Filing Fee: \$25.00