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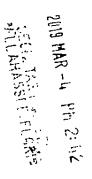
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## **COVER LETTER**

TO:		ation Sect of Corpo		,	•	P.
SHD IE		FORMATI	ON TECHNOLOGY INNO	VATIONS BY JMG. LLC	C.	# S
SUBJE	CI;		Name of Limi	ited Liability Company		
The enc	losed Art	icles of A	mendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all o	correspond	lence concerning this matter	to the following:		
			JUREK MARTINEZ			
			-	Name of Person	· · · · · · · · · · · · · · · · · · ·	<del></del>
				Firm/Company		
			2786 SW 30TH CT			
				Address		<del></del>
			MIAMI, FL 33133			
			JUREKMG@HOTMAIL.C	City/State and Zip Code		
			E-mail address: (	to be used for future annual	report notification)	
For furt	her inform	nation cor	cerning this matter, please ca	all:		
JUREK	MARTI	NEZ		786 39:	5-5545	
		Name of I	Person	Area Code	Daytime Telephone	Number
Enclose	d is a che	ck for the	following amount:			
□ <b>\$</b> 25	.00 Filing	g Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	losed) C	0.00 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

INFORMATION TECHNOLOGY INFORMATION BY JMG, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Blank Property The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/24/2019}{1}$ and assigned Florida document number \_\_\_\_\_L19000025413 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 "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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SANCHEZ, MAYLYS	2786 SW 30TH CT	
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			Change
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			Change

record specifies a 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.  Signature of a member or authorized representative of a member		
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Ited  Signature of a member or authorized representative of a member	ffective date, if other than the date of filing: (optional) 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	)207 d as
Signature of a member or authorized representative of a member	e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.	r of
Signature of a member or authorized representative of a member	ated	
	JAR	
	Signature of a member or authorized representative of a member	
JUREK MARTINEZ	JUREK MARTINEZ	

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Filing Fee: \$25.00