

119000228785

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 OCT 13 AM 10:40

Amend

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JIM-DM, 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:

Heather Bagnuolo
Name of Person

JIM-DM LLC
Firm/Company

6252 Commercial Way #110
Address

Spring Hill FL 34613
City/State and Zip Code

Admin @ segrill.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Bagnuolo at (727) 807-1010
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
20 OCT 13 AM 10:40

SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Jim-DN LLC

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

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
20 OCT 13 PM 10:40

The Articles of Organization for this Limited Liability Company were filed on 9/3/2019 and assigned
Florida document number L19000228785

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)

6252 Commercial Way
#110
Spring Hill FL 34613

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6252 Commercial Way
#110
Spring Hill FL 34613

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:

6252 Commercial Way #110
Enter Florida street address
Spring Hill, Florida 34613
City 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

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>
MGR	Deborah Naciovich	13742 Maritime Ct	<input type="checkbox"/> Add
		Hudson Fl 34667	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael Naciovich	13742 Maritime Ct	<input type="checkbox"/> Add
		Hudson FL 34667	<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

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Heather Bagnall, MOR
Signature of a member or authorized representative of a member

Typed or printed name of signee