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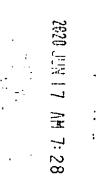
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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JUL 2 5 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JM AND OR TAVESTMENTS, 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:
JOAN M. MONTOTO Name of Person
JM AND OR INVESTMENTS, LLC
240 SEAVIEW Ct, Apt 502
MARCO ISLAWO, FL. 34145 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOAN M. MONTOTO at (786) 556-1245 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

密

The Articles of Organization for this Limited Liability Company Florida document number <u>L 19000 2514.85</u>	were filed on 1001 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "L.C." 240 SEAVIEW CT. Apt 502 MARCO ISLAND, FL. 34145
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14310 SW8ST Suite 942350 miami, FL, 33184
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
New Registered Office Address: 240	SEAVIEW CT, Apt 502 Enter Florida street address TSLAND Florida 34145 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.

f 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>	Address	Type of Action
PRES	JOAN MONTOTO	14310 SW 85T	□ Add
		UNIT 942350	Remove
		miami, FL. 33184	□Change
MGR	JOAN MONTOTO	240 SEAVIEW CT	□Add
		Apt 502	□Remove
		MARCO ISLAND, FL. 34	145 X Change
			□Add
			□Remove
			□ Change
			□Add
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an eff lote:	ive date, if other than the date of filing: Garage G
recor Lis til	d 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 led.
ated	Signature of a member or authorized representative of a member
	On method
	Signature of a member or authorized representative of a member

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