

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001527543)))



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	Doing so will generate anot	mer cover sneet.	
To:			*** · ·
10.	Division of Corporations		
	Fax Number : (850)617-6383		7
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From			n _c ,
	Account Name : LEGALZOOM.CON I	INC .	-13!
	Account Number : I20010000062		, 4 - 7 - 10 1
	Phone : (323)962-8600 Fax Number : (323)962-3889		(- 1
Ente	r the email address for this busines annual report mailings. Enter only o	ss entity to be unne email address	used for futur please.
ā	r the email address for this busines annual report mailings. Enter only o	ss entity to be underess	used for futur please.**
Ē	annual report mailings. Enter only o	CT OR M/MG	please.**
Ē	annual report mailings. Enter only o Email Address: LLC AMND/RESTATE/CORRE	CT OR M/MG	please.**
Ē	annual report mailings. Enter only o Email Address: LLC AMND/RESTATE/CORRE JVM COACHIN	CT OR M/MG	please.**
Ē	Email Address: LLC AMND/RESTATE/CORRE JVM COACHIN Certificate of Status	CT OR M/MG	please.**

Electronic Filing Menu

Corporate Filing Menu



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COVER LETTER

	gistration Ser ision of Corp						
		CHING LLC			1		
SUBJECT:		Name of Limit	ed Liuhility Compuny				
The enclosed	d Articles of .	Amendment and fee(s) are subm	nitted for filing.				
Please return	all correspo	ndence concerning this matter to	o the following:				
		Cheyenne Moseley			,^	21	
			Name of Person			121	
		Legalzoom.com, Inc.			1	APR	
			Fim/Company		- ,	<u>o</u>	•
		101 N Brand Blvd 11th Fl				P.	
			Address			·č.	•
		Glendale, CA 91203			1+1	QI ft.	
			City/State and Zip Code		_		
		Johnvmurph@icloud.com					
		lž-mail address: (to	be used for future annual report notif	ication)			
For further i	nformation c	oncerning this matter, please cal	II:				
Cheyenne N	Moseley		800 773-0888				
	Name o	(Person	Area Code Daytime	Telephone Numbe	r		
Enclosed is	a check for th	ne following amount:					
			CI CCC OO COUNT DATE &	□ \$60.00 F	iling Fee		
\$25.001	Filing Fcc	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Certific	ate of State		

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

LegalZoom.com, Inc.

To: 18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JVM COACHING LLC		<u> </u>
(<u>Name of the Limited Lighlity Compan</u> (A Florida Limited Li	y as it now appears on our records ability Company)	<u>r.</u>)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L20000125029</u> .	were filed on 05/08/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
JVM Group, LLC		20
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC"	" or the abbreviation "fr.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		المحسنة المناسبة
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(maining dualesty mart be a reast of tree word		1
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		i, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	·, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, an rovided for in Chapter 605, .	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

From: Janet Ko

MGR = Manager

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member			
<u>Title</u>	Name	<u>Address</u>	Type of Action
			bbA □
			☐ Remove
			☐ Change
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frective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than to the date inserted in this block does not meet the applicable statutory filing required.	(optional) 90 days ofter Gling.) Pursuant to 605.020 ements, this date will not be listed a
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, a	t 12:01 a.m. on the earlier o
e record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed. Dated	
e record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed. Dated	

Page 3 of 3

Filing Fee: \$25.00