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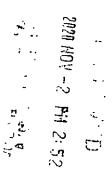
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Art of inc. File  LTD Partnership File  Foreign Corp. File  LC. File  Fictions Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Status  Certificate of Fictitious Name  Corp Record Search  Fictitious Search  Fictitious Search  Fictitious Search  Fictitious Search  Diving Record  UCC 1 or 3 File  UCC 11 Search  Vehicle Seatch  UCC 11 Search  UCC 11 Retrieval			
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Certificate of Fictitious Name			Certificate of Good Standing
Corp Record Search			Certificate of Status
Officer Search			Certificate of Fictitious Name
Fictitious Search			Corp Record Search
Fictitious Owner Search			Officer Search
Vehicle Search			Fictitious Search
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Walk-In         Will Pick Up         Courier	Name	Date Time	UCC 11 Search
	ranne	Date fine	UCC 11 Retrieval
			Courier

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#### **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Co			
JM REAL SUBJECT:	ESTATE FL LLC		
SOBJECT.	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ZILLUR KHAN		
		Name of Person	
		Firm/Company	
	1008 W US HIGHWAY 9	22	
		Address	
	SEFFNER FL 33584		
	HARSHA.TAS@GMAIL.C	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
ZILLUR KHAN		813 360-4105	
Name o	f Person		e Telephone Number
inclosed is a check for th	ne following amount:		
S25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Cl \$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 S		Street Address: Registration Sec	Nion
Division of C	orporations	Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JM REAL ESTATE FL LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records. ed Liability Company)	)
The Articles of Organization for this Limited Liability Compa	iny were filed on	and assigned
Florida document number L20000241054		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" (	in the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1008 W US HIGHWAY 92	2020
Principal office address MUST BE A STREET ADDRESS)	SEFFNER	ू व
	FL 33584	-2
		# ₹ 111
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
If amending the registered agent and/or registered office		
<ol> <li>If amending the registered agent and/or registered offic gent and/or the new registered office address here:</li> </ol>	e address on our records, enter th	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address: 1008 W US 1	HIGHWAY 92	
	Enter Florida street address	<u> </u>

#### 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.

City

SEFFNER

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida 335984 Zip Code

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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			□Remove
			□Change
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			□Remove
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Effective date, if other than the d	e specific and	5. I cannot be pri	or to date of t	ling or more t	nan 90 days afte	i <b>onai)</b> Frfiling.) Purst	iant to 605.	.020
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Filing Fee: \$25.00