LZ1000 331783

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:
· <u> </u>

Office Use Only



200370881172

08/02/21--01018--011 **25.00

5/13/11

COVER LETTER

TO: Registration Se Division of Cor				
	JM2 FUNDS, LLC ECT:			
SUBJECT:				
-	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return ail correspo	ondence concerning this matter	to the following:		
	Lisa Gonzalez Moore, Esq.			
		Name of Person		
	LGM Law, PLLC			
		Firm/Company		
	6160 53rd Avenue East, Ur	nit 101		
		Address		
	Bradenton, FL 34203			
		City/State and Zip Code		
	mpoirier1220@icloud.com			
	E-mail address: (to be used for future annual report not	ification)	
For further information of	oncerning this matter, please ca	all:		
Lisa Gonzalez Moore, Esq.		941-822-878	80	
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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)	
Mailina Addro	re·	Street Address:		
Mailing Address: Registration Section		Registration Se	ection	
Division of C	Corporations	Division of Co	rporations	

P.O. Box 6327 Tallahassee, FL 32314 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

JM2 FUNDS, LLC		
(Name of the Limited Liability (A Florida I	y Company as it now appears on our recor Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co Florida document number 1.21000331783	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY_BE A POST OFFICE BOX)		
maning duaress MAT BE AT OST OTTICE DOM		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	r the name of the new regist
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:	Enter Florida street addre	rss
	. F	lorida Zip Code
	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 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
MGRM	JOSEPHINE ARCARESE	7222 PINE VALLEY STREET	
			□ Add
		BRADENTON, FL 34202	≣ Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			. `
			□Remove
			□Ĉhange
			□Add
			□Remove
			□Change

If amending any other information, enter change(s) here: (Attach additional	
	
	
ffective date, if other than the date of filing:	(optional)
fan effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing a document's effective date on the Department of State's records.	e than 90 days after filing.) Pursuant to 605.0207 (3
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on d is filed.	the earlier of: (b) The 90th day after the
JULY 29, 2021	•
Dated	
(Y MM_	
Signature of a member or authorized representative of	f a member
LISA GONZALEZ MOORE	

Typed or printed name of signee

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

		S., this document is being submitted to co liability company is: JM2 FUNDS, LLC	orrect a previously filed document.	
<u> </u>		Hability Company 18. 3W2 Corresponding		
SECO	ND: The Florida Do	cument number of the limited liability co	mpany is: <u>L21000331783</u>	
THIRE	Document to b	corrected is: Articles of Organization		
	(CHECK THE A	PPROPRIATE BOX AND COMPLET	E THE APPLICABLE STATEMENT	
	Contains an incorrect st statement are as follows		son the statement is incorrect, and the corrected	
	The originally filed Arti	des of Organization incorrectly listed an ad	ditional Manager, Josephine	
	Arcarese, Ms. Arcarese	is not a member nor manager of this limited	d liability company.	
	OR Was defectively signed as follows:	The manner in which the document was	defectively signed and the appropriate correction	ı are
	OR			
	The electronic transmis	sion of the record was defective.		
	Signature of	Authorized Representative	Date	
	re of new registered ageing the designation).	nt, if applicable :(NOTE: if correcting the	e registered agent, the new registered agent must s	iign
l hereb provisio obligat	v accept the appointment ons of all statues relative ions of my position as reg a change in the registere	to the proper and complete performance distered agent as provided for in Chapter	his capacity. I further agree to comply with the end of my duties, and I am familiar with and accept to 605, F.S. Or, if this document is being filed to me limited liability company has been notified in wr	rely
		Registered Agent's Si	gnature	

Filing Fee: \$25.00 Certified Copy: \$30.00 (

\$30.00 (optional)