

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L22000079450**

**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.**

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : 2D CONSULTING ENTERPRISE LLC  
Account Number : 120220000099  
Phone : (984)382-8889  
Fax Number : (321)296-7174

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JM INSURANCE GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

2022 MAY 27 PM 4:53

2022 MAY 27 AM 9:18

APPROVED  
AND  
FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JM INSURANCE GROUP 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:

FLOR LOZANO DUGGER

Name of Person

2 D CONSULTING ENTERPRISE LLC

Firm/Company

241 HAMMOCK OAK CIRCLE

Address

DEBARY, FL 32713

City/State and Zip Code

2DCONSULTINGENTERPRISE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FLOR LOZANO DUGGER

904  
at ( )  
Area Code

382 -0 889

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

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

JM INSURANCE GROUP LLC

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

The Articles of Organization for this Limited Liability Company were filed on 02/17/2022 and assigned  
Florida document number L22000079650.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

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

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AND  
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2022 MAY 27 AM 9:18

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**

Title	Name	Address	Type of Action
AMBR	JOSE R NUNEZ BRAVO	5595 DEER CREEK DR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32821	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**Filing Fee: \$25.00**