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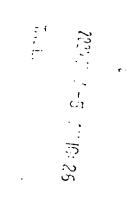
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

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то:	Registration So Division of Cor			
SUBJE	JIMAR LL	C		
SUBJE		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		HENRY JIMENEZ		
			Name of Person	,
		JIMAR LLC		
			Firm/Company	
		9400 LIME BAY BLVD #	#315	
			Address	
		TAMARAC, FL 33321		
			City/State and Zip Code	
		cehlopez@comcast.net	(to be used for future annual report notification)	
For fur	ther information e	oncerning this matter, please c	·	
	Y JIMENEZ	oncerning this maner, prease e		
HENK		f Person	312 7770945 at ()	
	Name o	reison	Area Code Daytime Telephone Number	
Enclose	ed is a check for th	ne following amount:		
<b>≡</b> \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
1	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Extreet Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JIMAR LLC		
( <u>Name of the Lim</u>	ited Liability Company as it now ap (A Florida Limited Liability Compa	opears on our records.) ny)
The Articles of Organization for this Limited I	Liability Company were filed or	and assigned
lorida document number 1.22000169122		
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name	of the limited liability compan	<u>v here</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	. ~
		<u> </u>
	<del>-</del>	•
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
		<u></u>
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<ol> <li>If amending the registered agent and/or gent and/or the new registered office addre</li> </ol>		ar records, enter the name of the new regist
Name of New Registered Agent:	HENRY HMENEZ	
New Registered Office Address:	9400 LIME BAY BLVD # 31	5
	Enter	Florida street address
	TAMARAC	, Florida FL 33321
	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

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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		TAMARAC, FL 33321	
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ective da	ite, if other tha	n the date of fil	ing:	or to date of liting	or more than 90 day	(optional) ys after filing.) Pursi	iant lo 605 020
<u>e:</u> If the	date inserted in t		ot meet the appli	cable statutory f		ts, this date will r	
differit 3	incense date on	the Department of	a state s record	a.			
cord spec	ities a delayed ef	Tective date, but r	not an effective	time, at 12:01 a.	m. on the earlier	of: (b) The 90th	i day after th
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eu <b>∤</b> ′_	1.1.1.		X \	(			
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		Signature of	a meinber or aut	norized representa	tive of a member		

Filing Fee: \$25.00