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STORY OF CORPORATIONS

J DENMIS

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: JAMTECH S	SOLUTIONS	au c		
SUBJECT: OF WATE COLL		ited Liability Company	<del></del>	
The analoged Agricles of Agreedment	and facts) are sub-	ritted for filing		
The enclosed Articles of Amendment	and rec(s) are sub	antica for fining.		
Please return all correspondence conc	erning this matter	to the following:		
	Ja	mal P Ferguson		
		Name of Person	<del></del>	
	JAM	TECH SOLUTIONS	SLLC	
		Firm/Company		
	49	971 NW Ever Rd.		
		Address		
	Por	t St Lucie, FL 3498	13	
		City/State and Zip Code	<del></del>	
	Tec	hfix94@gmail.com		
	E-mail address: (t	o be used for future annual repo	rt notification)	
For further information concerning th	is matter, please ca	ill:		
Jamal P Ferguson		at ( 954 ) 376	-0095	
Name of Person			Daytime Telephone Number	
Enclosed is a check for the following	amount:			
	Filing Fee & ficate 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:		Street Addra	<u>288:</u>	
Registration Section		Registration Section		
Division of Corporation P.O. Box 6327	S		f Corporations c of Tallahassee	
Tallahassee FL 32314			onroe Street Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SOLUTIONS L	
( <u>Nume of the Limited Liability Co</u> (A Florida Limi	mpany as it now appea ted Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Comp.	any were filed on	June 24, 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company h	ere:
J&M Tech Solutions LLC		
The new name must be distinguishable and contain the words "Limited L	iability 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	2	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:		ecords, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Ciţv	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl		

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 = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jamal P Ferguson	4971 NW Ever Rd. Port St Lucie,FL 34983	MAdd
			□Remove
			□Change
			_ ∃Add
			□Remove
			_ □Change
		□Add	
			□Remove
			□Change
		∃Add	
			□Remove
			□Add
			□Remove
			_ □Change
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			□Remove
			□Chanve

	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective d Note: If the	te, if other than the date of filing:
he record speci ord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	July 25 2022
_	Signature of a number of authorized representative of a member
	Organizate of a method of a manufactor of a memod
	Jamal P Ferguson
	Typed or printed name of signce