## 122000 393937

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

TO:

TO: Registration Se Division of Cor			
	PRISES MIAMI LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
	endence concerning this matter		
	EDWIN MATHURIN		
		Name of Person	<u>-</u>
	JM ENTERPRISES LLC		
	<u> </u>	Firm/Company	<del></del>
	7734 NE 2 ND AVE		
		Address	
	MIAMI FL 33138		
		City/State and Zip Code	····
	PEDWINE@YAHOO.FR		
T- 6-1-1-6		to be used for future annual report no	otification)
For further information c	oncerning this matter, please c		
MATHURIN EDWINE		786 786 564 86 at ()	
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration S Division of C The Centre of	orporations
Tallahassee, I	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JM ENTERPISES MIAMI LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited I Florida document number L22000393937	Liability Company were filed on	09 08 2022 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
JM ENTERPRISES MIAMI LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addr		r records, <u>enter the name of the new register</u>
Name of New Registered Agent:	EDWINE MATHURIN	
New Registered Office Address:	7734 NE 2ND AVE	
	Enter i	Florida street address
	MIAMI	, Florida <u>33138</u>
	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
MGR	EDWINE MATHURIN  7734 N E 2 ND AVE MIAMI FL 33138    Remove		
			Remove
			Change
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Add
			□Remove
			□ Change

-		
<del></del>		
ective date, if	fother than the date of filing: (optional)  listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0	0301
te: If the date	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	d as
ument's effect	ive date on the Department of State's records.	
cord specifies	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
s filed.		
09 26	2022	
ed	Lunin Mar 2022	
	hum N/w 1 ham	
<del> </del>	Signature of a member or authorized representative of a member	
	EDWINE MATHURINI  Typed or printed name of signce	