

L220000466218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

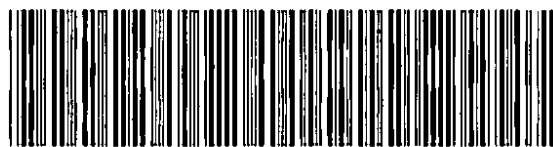
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000397362440

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JIM Family Enterprises LLC
Family Limited Company

LETTER OF ADDRESS and FILING STATEMENT

Enclosed is a check for the amount of the following:

Jimmy Kenny
State of Person

JIM Family Creatives LLC
Family Company

3500 NW 29th Ct
Address

Landerside Lakes, FL 33311
City, State and Zip Code

Jimmy.Kenny@yahoo.com
Email address to be used for future annual report notification

For further information concerning this matter, please call

Jimmy Kenny
State of Person

at 954-566-6230
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$10.00 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

1 M Company Creations LLC
(Name of the Limited Liability Company as it appears on our records.)

The Articles of Organization for the Limited Liability Company were filed on 10/31/2022 and assigned
Florida document number LC1000166212

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

1 M Company Creations LLC
(Name of the Limited Liability Company as it appears on our records.) (Type "LLC" or the abbreviation "LLC")

Enter new principal office address, if applicable: _____

(Principal office address MUST BE A PHYSICAL 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: _____

(Type "C/O" for care of)

Florida _____
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

[illegible]

D. Concerning any other information, enter change(s) here (attach additional sheets if necessary)

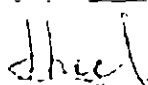
E. Effective date, if other than the date of filing: _____ (optional)

Note: If a date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing (Pursuant to 605.0207 (3)(b))

Note: If a date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated:



Signature of a member or authorized representative of a member

Johny Remy

Typed or printed name of signer

Filing Fee: \$25.00