

L24000247941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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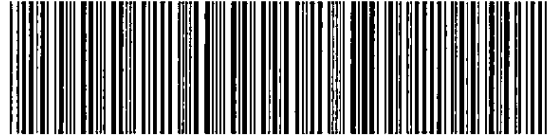
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 SEP 16 AM 11:18

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMA OPERATIONS, 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:

JAY ARNESEN
Name of Person

JMA OPERATIONS, LLC
Firm/Company

2728 NE 10 ST
Address

POMPANO BEACH, FL 33062
City/State and Zip Code

ARNESEN, JAY @GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAY ARNESEN at (201) 286-1881
Name of Person Area Code 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

2024 SEP 16 AM 11:18
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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

SMA OPERATIONS, 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 5/30/24 and assigned Florida document number 624000247941.

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 "LLC" 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: ELEVATE LEGAL SERVICES, PLLC

New Registered Office Address: 40 SE 5TH ST, SUITE 600

Enter Florida street address

BOCA RATON, Florida 33432
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

FOR ELEVATE LEGAL SERVICES, PLLC

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ARNESSEN FAMILY HOLDINGS, LLC	2728 NE 10 ST	<input type="checkbox"/> Add
		POMPANO BCH, FL 33062	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KRISTIN ARNESSEN	2728 NE 10 ST	<input type="checkbox"/> Add
		POMPANO BCH, FL 33062	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JMA OPERATIONS, LLC	2728 NE 10 ST	<input checked="" type="checkbox"/> Add
		POMPANO BCH, FL 33062	<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

STATE
FL
16
11:08

[illegible]

(If an effective 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)

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 SEPTEMBER 7, 2024

Signature of a member or authorized representative of a member

JAY ARNESEN
Typed or printed name of signee

2024 SEP 16 AM 11:08
The 90th day of
OCTOBER STATE
TALLAHASSEE, FL