## L24000331417



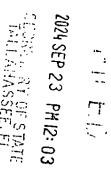
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700436189517

09/09/24--01016--001 \*\*35.00



## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JMS	Management LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Amendment an	d fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
	Jose Arevalo  Name of Person
	JMS Management
	16 SW 15 Ter. #2
<u>F</u>	ort Lauderdale, FL 33312  City/State and Zip Code  jose @ biscaune yachtmanagement.com  Ethail address: (to be used for future shrual report notification)
For further information concerning this n	
Jose Arevalo	at (754) 209-8961  Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following an	rount:
	iling Fee & S55.00 Filing Fee & S60.00 Filing Fee, ate of Status Certified Copy Certificate of Status &  (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Compositions	Division of Compressions

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

TMS Managem- (Name of the Limited Liability Comp (A Florida Limited	any as it now an Liability Compa	ny)		<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L240</u> 0331417	y were filed on	7/26/202	Hand	l assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab  BISCAUNE YACH MANAGER  The new name must be distinguishable and contain the words "Limited Liabi			e abbreviation	"L.L.C."
Enter new principal offices address, if applicable:	<del></del>		<del></del>	
(Principal office address MUST BE A STREET ADDRESS)			2021 Section	
Enter new mailing address, if applicable:			SEP 23	2 mm
(Mailing address MAY BE A POST OFFICE BOX)		U U		<u> </u>
B. If amending the registered agent and/or registered office a	ddress on ou	ا بر زب	13 13 10 10 10 10 10 10 10 10 10 10 10 10 10	new register
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:	Furas F	lurida street address		
·	City	, Florida _	Zip Cod	
New Registered Agent's Signature, if changing Registered Agent;	- 🗸		,	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance	of my duties, and I ar	n familiar v	vith and

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>	Name	Address	Type of Action
			□ ∧dd
			□Remove
			Change
			Remove
			Change
			□ Remove
			Change
			□Remove
			Change
		<del></del>	□Add
			□ Remove
			Change
			Remove
			○Change

Note	ctive date, if other than the date of filing:  [Coptional]  [Coptional
record is	
Date	September 23 <sup>rd</sup> , 2024.
	Signature of a high her or Authorized representative of a member
	Jose Arevalo

Filing Fee: \$25.00