# M22 000003488

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

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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to amend the name, jurisdiction, or the registered agent, or any person identified in accordance with s. 605.0902 (1)(e), or a change in title or capacity of that person, for a foreign limited liability company authorized to transact business in Florida. The requirements are as follows:

- Pursuant to s. 605.0907, Florida Statutes, the attached application must be completed in its entirety.
- A certificate from the state of jurisdiction evidencing the amendment must be submitted with the application. The certificate should be issued within the past 90 days.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C." or the designation "LLC."
- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If you have changed the name of your limited liability company and the new name is not distinguishable on our records, you must adopt an alternate name to use in the state of Florida. To adopt an alternate name, you must submit a copy of the written consent of the managers or managing members adopting the alternate name. You may download a fill-in-the blank consent form from our website www.sunbiz.org.

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

The fees are as follows:

\$25.00 Filing Fee\$30.00 Certified Copy (optional)\$ 5.00 Certificate of Status (optional)

- A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.
- Please send the application to:

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

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

CR2E055 (9/15)

### **COVER LETTER**

Division of Corporations		
SUBJECT: J3M Entreprises LLC		
Name of Foreig	n Limited Liabil	lity Company
Dear Sir or Madam:		
The enclosed application, certificate and fee(s)	are submitted fo	or filing.
Please return all correspondence concerning thi	s matter to the f	ollowing:
TRAVIS MACK		
Name of Person	<del>,</del>	
J3M ENTERPRISES LLC		
Firm/Company		
1600 South Federal Highway suite 770		
Address		
Pompano Beach, FL 33062		
City/State and Zip Code	?	
TMACK@J3M.BIZ		
E-mail address: (to be used for future annual	report notificati	on)
For further information concerning this matter,	please call:	
TRAVIS MACK	at ()	890-6303
Name of Person		& Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	[ ] 2	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following  ■\$25 Filing Fee □ \$30 Filing Fee &  Certificate of Status	amount: □ \$55 Filing F Certified Co	•

# 2 JUN 21 AN T

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

Name of limited liability Company as it	annears on the records of the Flori	ta Department of
State: 13M ENTERPRISES LLC		ite 770
Enter new principal office address, if applic	cable: 1600 S Federal Highway Su	ite 770
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	Pompano Beach, FL. 33062	<b>.</b> *
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1600 S Federal Highway Su Pompano Beach, FL. 33062	
2. The Florida document number of this lim	nited liability company is: M220000	003488
3. Jurisdiction of its organization: Delawar	e	
4. Date authorized to do business in Florida	March 7, 2022	
SECTION II (5-9 complete only the appli		
5. New name of the limited liability compa	ny:	Company, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name a copy of the written consent of the managers must contain "Limited Liability Company,"	or managing members adopting th	ng business in Florida and attach a e alternate name. The alternate name
6. If amending the registered agent and/or re registered agent and/or the new registered o	egistered officer address on our rec ffice address here:	ords, enter the name of the new
Name of New Registered Agent: Travis M	ack	
New Registered Office Address: 1600 Sou	th Federal Highway Suite 770	
	Enter Flo	rida Street Address
	Pompano Beach	, Florida = 33062
	City	Zip Code
New Registered Agent's Signature, if chang I hereby accept the appointment as registere the provisions of all statutes relative to the p and accept the obligations of my position as document is being filed to merely reflect a c liability company has been notified in writin	ed agent and agree to act in this ca proper and complete performance of registered agent as provided for in hange in the registered office addr	of my duties, and I am familiar with Chapter 605, F.S. Or, if this ess, I hereby confirm that the limited
-	3F 3F 4C (3453418DC8A8784A	ignature of New Registered Agent
	- in comments regionated Ageill, 2	remaine or them registered regult

		acity in accordance with 605,0902 (1)(e), indicate the hority to manage the foreign limited liability compan	-
Title/ Capacity	<u>Name</u>	Address	Type of Action
MGR	ELENA ESCOTO	2926 LOS ROBLES RD.	□Add
		THOUSAND OAKS, CA 91362	≡Remove
AMBR	JOHN CONE	PO BOX 2478	□Add
	Blairsville, GA 30514	■Remove	
MGR TRAVIS MACK	1600 South Federal Highway suite 770	Add	
	Pompano Beach, FL 33062	□Remove	
		□Add	
		□Remove	
		□Add	
aforemention	ecertificate, if required: no more ned amendment(s), duly authentic ander the law of which this entity	cated by the official having custody of records in the	Remove 7022 JUN

Filing Fac: \$25.00

Typed or printed name of signee

Travis Mack