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FILEU PR 2: 54
SECRETARY DE SANTE

COVER LETTER

Division of Corpo			
SUBJECT: JAC	7 Property 1- Name of Limite	loldings I, LLC ed Liability Company	Position Change
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	Julia	Gome Z Name of Person	
		Name of Person	
		Firm/Company	
	16500 NU	V 86 Court	
		Address	
	Miani La	Kes, FL 33016 City/State and Zip Code	
	Julie @	expscenter. Lom be used for future annual report notification	on)
For further information cor	accerning this matter, please ca		on,
Jonathan Name of F	C70 Mez	at (<u>305</u>) <u>5/9</u> - 8222 Area Code & Daytime Te	lephone 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF

FILED

2013 AUG -2 PM 2: 55

SECHETARYOF STATE

	oldings I, ZLC	PALEAHASSEE, FLORIDA
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears of la Limited Liability Company)	<u>1 our records.</u>)
The Articles of Organization for this Limited Liability	Company were filed on July	31, 2013 and assigned
Florida document number <u>L/3 DOO16 7870</u>	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company,"	'the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street address
		, Florida
	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Julia Gomez	16500 NW 86 Court	Add
		Miani Lakes, FL 330/1	Remove
MGRM	Julia Comez	16500 NW 86 Court	
		Miami Lakes, FL 33016	Remove
			Add
			Remove
·			Add
			Remove
			Add
			Remove
			Add
			Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Signature of a member or authorized representative of a member
	Jonathan Gomez Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00