L15000204418

| (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: |
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ILLAHASSES TO

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| FLORIDA CAPITAL COURIER SERVICES, IN 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 | C |
|--|---|
| Please use funds from account: I20210000160 A Authorization Signature JOCHE PPG, LLC Business Name WILL WAIT | |
| Photocopy | |
| Certified Copy (s) Articles of Organization | 1 |
| Certificate of Status | |
| NEW FILINGS | <u>AMMENDMENTS</u> |
| FOR ProfitNot for ProfitLimited LiabilityDomesticationOtherCORPLLLP | XAmendmentResignation or Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerConversionArticles of ConversionResignation |
| OTHER FILINGS | REGISTRATION/QUALIFICATIONS |
| Annual ReportFictitious NameARTICLES OF CORRECTION | Foreign filing Limited Partnership Reinstatement |
| APOSTIL () | _Other |

XAMINER'S INITIALS:_____

COVER LETTER

TO:

Registration Section

| Division of Co | rporations | | |
|---------------------------------------|--|---|---|
| JOCHE PP | G, LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | SANDRA Z. GREEN | | |
| | | Name of Person | |
| | JONATHAN H. GREEN | & ASSOCIATES, P.A. | |
| | | Firm/Company | . |
| | 901 PONCE DE LEON B | OULEVARD, SUITE 601 | |
| | | Address | |
| | CORAL GABLES, FLOR | IDA 33134 | |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report not | tification) |
| For further information c | concerning this matter, please c | all: | |
| SANDRA Z. GREEN | | 305 372-5100 at () | |
| Name o | of Person | Area Code Daytir | ne Telephone Number |
| Enclosed is a check for t | he 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) |
| <u>Malling Addres</u> Registration | | Street Address: Registration Se | ection |
| Division of C | Corporations | Division of Co | rporations |
| P.O. Box 632 Tallahassee, | | The Centre of 2415 N. Monro | Tallahassee oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 OCT 14 PH 12: 11

JOCHE PPG, LLC

(Name of the Limited Liability Company as it now appears on our records, ALLAHASSEE, FL

| The Articles of Organization for this Limited L | iability Company | were filed on DECEMBER | 08, 2015 and assigned | |
|--|----------------------|--------------------------------------|-----------------------------------|--|
| Florida document number [.15000204418 | · | | | |
| This amendment is submitted to amend the following | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the v | words "Limited Liabi | lity Company," the designation " | LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | 1100 BRICKELL BAY DRIVE, UNIT 310010 | | |
| New Registered Office Address: MIAMI New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and agent provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as | MIAMI, FLORIDA 33131 | | | |
| | | | | |
| Enter new mailing address, if applicable: | | 1100 BRICKELL BAY DE | UVE, UNIT 310010 | |
| This amendment is submitted to amend the following A. If amending name, enter the new name of the I The new name must be distinguishable and contain the words "t Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: MI. New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered age provisions of all statutes relative to the proper and | BOX) | MIAMI, FLORIDA 33131 | | |
| | LAGO, JO | <u>el</u> | | |
| agent and/or the new registered office address Name of New Registered Agent: | 1100 BRICKE | 1100 BRICKELL BAY DRIVE, UNIT 310010 | | |
| | | Enter Florida street ad | dress | |
| | MIAMI | , | Florida 33131 Zip Code | |
| | | City | Zip Code | |
| | ed agent and agr | ee to act in this capacity. | | |

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> | Address | Type of Action |
|--------------|---------------------|--------------------------------------|----------------|
| MGR | JOCHE HOLDINGS, ELC | 1722 SHERIDAN STREET, #364 | □ Add |
| | | HOLLYWOOD, FLORIDA 33020 | Remove |
| | | | □Change |
| MGR | LAGO 2022, LEC | 1100 BRICKELL BAY DRIVE, UNIT 310010 | |
| | | MIAMI, FLORIDA 33131 | □Remove |
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| Effective date, if other than the lift an effective date is listed, the date in Note: If the date inserted in this document's effective date on the | he date of filing: must be specific and cannot be prior to da block does not meet the applicable Department of State's records. | (opti te of filing or more than 90 days afte statutory filing requirements, th | ional) r filing.) Pursuant to 60 is date will not be lis |)5.0207 sted as |
| e record specifies a delayed effee rd is filed. | tive date, but not an effective time, | at 12:01 a.m. on the earlier of: (| b) The 90th day aff | ter the |
| Oated OCTOBER 12 | . 2022 | | | |
| | Signature of a member or authorized | representative of a member | | |
| | 2 2 3 3 3 3 | \ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | / | |

Filing Fee: \$25.00