

L180000068555

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
APR 11 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PS AND JC PROPERTIES 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:

PEDRO ACHON CORNELL
Name of Person
PS AND JC PROPERTIES LLC
Firm/Company
6261 SW 148TH CT
Address
MIAMI, FL 33193
City/State and Zip Code
ecuacarg@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA ISABEL ABADIE 305 794 -1294
Name of Person at () Daytime Telephone Number
Area Code

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**

PS AND JC PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 03/15/2018 and assigned
Florida document number ~~L18000004080~~ L1800006855

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)

PEDRO ACHON CORNELL

6261 SW 148TH CT

MIAMI, FL 33193

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6261 SW 148TH CT

MIAMI, FL 33193

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:

PEDRO ACHON CORNELL

New Registered Office Address:

5600 SW 135 AVE SUITE # 103

Enter Florida street address

MIAMI

City

Florida

33183

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.

PEDRO ACHON CORNELL
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PEDRO ACHONG CORNELL	6261 SW 148TH CT	<input type="checkbox"/> Add
		MIAMI, FL 33193	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	PEDRO ACHON CORNELL	6261 SW 148TH CT	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33193	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MDR	SANDRA SUAREZ	6261 SW 148TH CT	<input type="checkbox"/> Add
		MIAMI, FL 33193	<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

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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TAMM

E. Effective date, if other than the date of filing: 03/15/2018 (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 27, MARCH, 2018

Pedro Achon Cornell
Signature of a member or authorized representative of a member

PEDRO ACHON CORNELL
Typed or printed name of signee