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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phono	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	1000 H		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RODRIGO K	UPERMAN BARAT 2 Name of Person	
		ROD LLC Firm/Company	
		Time Company	
	150 SUNNY ISLES	5 BWD APT 1-1405	
		Nutros	
	SUMMY ISLES BI	EACH, FL 33160 City/State and Zip Code	
		_	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Danger Lun	-0 2-0	maer Mills	(2
Name o	f Person	at (786) HSIS Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne fallowing amount:		
	□ \$30.00 Filing Fee &	□ \$55 00 Filing Fee &	☐ \$60.00 Filing Fee,
LA 925.00 Tilling FCC	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mallina Addess	e.	Street Address:	
<u>Mailing Addres</u> Registration S	Section	Registration Se	
Division of C	•	Division of Cor The Centre of T	•
P.O. Box 632 Tallahassee, I			e Street, Suite 810

Tallahassee, FL 32303



NEC 11 (E)

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2020

RODRIGO K. BARATZ 150 SUNNY ISLES BOULEVARD APT. 1405 SUNNY ISLES BEACH, FL 33160

SUBJECT: JACROD, LLC Ref. Number: L19000234650

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

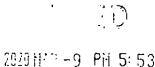
Letter Number: 420A00000633

Claretha Golden Regulatory Specialist II

www.sunbiz.org

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



SACROD LLC (Name of the Limited Liability Com	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L.I.C" or the abbreviation "L.I.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	150 SUMMY ISLES BLYD APT, 1-1405 SUMMY ISLES BEACH, FL 33160	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	150 SUMMY ISLES BLYD APT. 1-1405 SUMMY ISLES BEACH, FL 33160	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new register	
Name of New Registered Agent: RODRIE	O KUPERMAN BARATZ	
New Registered Office Address: 150 Sur	lew Registered Office Address: 150 SURRY ISLES BLVO, Apr. 1~1405 Enter Florida street address	
SUNAY	SLES BE ACH Florida 33160 Zip Code	
New Registered Agent's Signature, if changing Registered Agen		

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.

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_	GABRIEL CEPHEA	17641 CHARAWOOD DRIVE	□Add
		BOCA RATION, FL 33498	K Remove
			□Change
M6R_	RODRINO KUPERMAN BARATZ	KO SUMMY ISLES BLYD, APT. 1-1409	∑ X (∧dd
		SUMM ISLES BEACH F1 33160	□Remove
		 	□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

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-	
ective date	, if other than the date of filing: (optional)
n effective dat	e is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 to inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	ective date on the Department of State's records.
	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
ad MAs	LCH 3RD . 2020 .
~ <u> </u>	D. 60+
	Reklt
	Signature of member or authorized representative of a member
	Dannya Kura Dan
	RODRIGO KUPERMAN BARATZ Typed or printed name of signee

Filing Fee: \$25.00