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T. MATTHEWS
DEC 2 2 2021

COVER LETTER

TO: Registration S Division of Co		
1144 Jack	sonville LLC	
SUBJECT:		nited Liability Company
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.
Please return all corresp	oondence concerning this matter	to the following:
	Ramses Gavilondo Pla	
		Name of Person
	1144 Jacksonville LLC	
		Firm/Company
	2735 Hartland road. 100	
		Address
	Falls Church, VA, 22043	
For further information	E-mail address: (concerning this matter, please c	City/State and Zip Code 144 Jack Sonville a gmail. Con to be used for future annual report notification).
Ramses Gavilondo Pla		703 635-4685
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of (P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1144 Jacksonville LLC

21 CEC 14 PH 3: 21

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our reco a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability (Florida document number L21000134007	Company were filed on <u>03/22/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:	ed office address on our records, <u>ent</u>	er the name of the new registered
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
New Registered Agent's Signature, if changing Registere	City	Zip Code
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	and agree to act in this capacity. I complete performance of my duties, gent as provided for in Chapter 60: ed office address, I hereby confirm	and I am familiar with and 5, F.S. Or, if this document is
	If Changing Registered Agent, Signatur	e 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>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			Change
			🗖 Remove
		 	□Change

	Existing owner: Ramses Gavilondo Pla. Now owns 55% of the company
ffec	tive date, if other than the date of filing: (optional)
ote:	ffective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocui	nent's effective date on the Department of State's records.
reco	rd 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 filed.
1 18 1	nica.
_4	december 10 th , 2021. Signature of a member or authorized representative of a member
atec	<u>becerner</u> , <u>cozi</u>
	Jana Alx