

L2200412638
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000201796 3)))



H240002017963ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
2024 JUN 11 PM 1:26
TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : TPBS CORP
Account Number : I2019000112
Phone : (786)389-2779
Fax Number : (305)356-3688

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JCJC 2020 IMPORT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

6/11/2024 11:00:12 AM
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H240002017963

JC JC 2020 IMPORT LLC

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

FILED
2024 JUN 11 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/22/2022 and assigned
Florida document number 1.22000412638

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: 999 NW 7TH STREET APT 209
(Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33136

Enter new mailing address, if applicable: 999 NW 7TH STREET APT 209
(Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL 33136

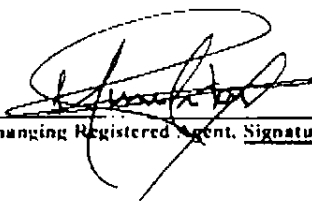
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MARIA ANTONIETA GONCALVEZ REYES

New Registered Office Address: 999 NW 7TH STREET APT 209
Enter Florida street address
MIAMI, Florida 33136
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 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 Changing Registered Agent, Signature of New Registered Agent

H240002017963

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	Maria Antonicta Goncalvez Reyes	999 NW 7TH STREET APT 209	<input type="checkbox"/> Add
		MIAMI, FL 33136	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
24 JUN 11 PM 1:06
STATE OF FLORIDA
ALLAHASSEY, FLORIDA

H240002017963

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

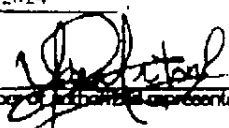
2024 JUN 11 AM 1:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: _____ (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 June 6 2024



 Signature of a member of the board or representative of a member

Maria Antonieta Gonzalez Reyes

 Typed or printed name of signee