

L14 000176593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FILED
2022 JUN 29 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Inversiones JIS, 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:

C/O Jaime Quinones

Name of Person

Inversiones JIS, LLC

Firm/Company

16740 9th Ave Unit 707

Address

Miami, FL 33162

City/State and Zip Code

nylegacy2020@gmail.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Velez

954

439-8915

at ()

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 &
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 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**

Inversiones JJS, LLC

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

FILED
2022 JUN 29 PM 12:59

SECRETARY OF
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 11/13/2014 and assigned
Florida document number 114000176593.

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)

C/O Jaime Quinones

16740 NE 9th Avenue Unit 707

Miami, FL 33162

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O Jaime Quinones

16740 NE 9th Avenue Unit 707

Miami, FL 33162

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:

Cindy Velez

New Registered Office Address:

1300 St. Charles Place Unit 402

Enter Florida street address

Pembroke Pines

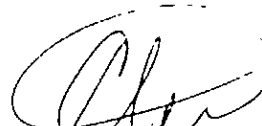
Florida 33026

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

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	JOHANNA POTES	16740 NE 9th Avenue Unit 707	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jose Diaz	16740 NE 9th Avenue Unit 707	<input checked="" type="checkbox"/> Add
		Miami, FL 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sebastian Diaz	16740 NE 9th Avenue Unit 707	<input checked="" type="checkbox"/> Add
		Miami, FL 33162	<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

[illegible]

(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)

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.

Salvatore Peter Piro
Signature of a member or authorized representative of a member

Typed or printed name of signee