L19000134110

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.

(((H23000350231 3)))

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

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

From:
Account Name : SANCHEZ VADILLO LLP
Account Number : I20150000018
Phone : (305)483-9708
Fax Number : (813)492-8840

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: Corporate@svlawus.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LOS 3 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

FILED
2023 OCT 13 PM 4:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

13 OCT 23 PM 3:02

Electronic Filing Menu Corporate Filing Menu Help

Sent 10/5

OCT 13 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOS 3 JJLC
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:

XIOMARA POLANCO
Name of Person

SANCHEZ VADILLO LLP
Firm/Company

3105 NW 107 AVENUE, SUITE 103
Address

DORAL, FLORIDA 33172
City/State and Zip Code

CORPORATIONS@SVLAWUS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XIOMARA POLANCO at (305) 485-9700
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

LOS 3 J LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/17/2019 and assigned Florida document number L19000134110.

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)

20100 WEST COUNTRY CLUB DRIVE
SUITE 205
AVENTURA, FLORIDA 33180

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

20100 WEST COUNTRY CLUB DRIVE
SUITE 205
AVENTURA, FLORIDA 33180

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: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
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

Title	Name	Address	Type of Action
MGR	MARTHA VILA	20100 WEST COUNTRY CLUB DRIVE	☐Add
		SUITE 205	☐Remove
		AVENTURA FLORIDA 33180	☑Change address
MGR	NOUBL JOHN ROBERTO	20100 WEST COUNTRY CLUB DRIVE	☐Add
		SUITE 205	☐Remove
		AVENTURA FLORIDA 33180	☑Change address
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

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 (30b)
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 OCTOBER 5 2023

Signature of a member or authorized representative of a member

MARTHA VILA

Typed or printed name of signee

Filing Fee: $25.00