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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Luz Cizudela Gair, zern wron to correct title: 6/29/24 7/8/

Office Use Only



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JUN 28 == S. PRATHER



June 25, 2024

JM & LA FAMILIY LIMITED LIABILITY LIMITED PARTNERSHIP LUZ E. AGUDELO 8323 LAKE DR, APT 407 DORAL, FL 33166

SUBJECT: JM & LA FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Ref. Number: W24000095230

We have received your document for JM & LA FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Must list title as GP,

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) 245-6939.

Letter Number: 724A00013784

Stacy Prather Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO: Registration S Division of C				
SUBJECT: JM & LA	SUBJECT: JM & LA FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP			
	me of Florida Limited Part	nership or Limited L	iability 1	Limited Partnership
The enclosed Certific	cate of Amendment an	d fee(s) are subm	it ted fo	r filing.
Please return all corr	espondence concernin	g this matter to:		
LUZ E AGUDELO				
	Contact Person			
JM & LA FAMILY LIM	ITED LIABILITY LIMIT	ED PARTNERSHII		
	Firm/Company			
8323 LAKE DR APT 40	7			
	Address			
DORAL FL 33166				
-	City, State and Zip Code			
LUZAGUDELO10@G	MAIL.COM			
E-mail address: (to	be used for future annual r	eport notification)		
For further informati	on concerning this ma	tter, please call:		
LUZ E AGUDELO		at (786	487-80	49
Name of Contac	rt Person		d Daytin	ne Telephone Number
Enclosed is a check t	for the following amou	int:		
□ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Cop		■\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address:		Street A		
Registration Section		Registration Section		
P.O. Box 6327	Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee			•
Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 81				
	•			L 32303

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

JM & LA FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 62 limited liability limited partnership, who 02/02/2017 , ass	ose certif	icate was file	d with the Florida D	Department of State on
adopts the following certificate of amen				
This amendment is submitted to amend the f	following:			
A. If amending name, enter the new name here:	ne of the	limited partne	ership or limited liab	oility limited partnershi
N/A				
New name must be	distinguis	hable and contai	n an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnersh				L.L.L.P. or LLLP.
B. If amending mailing address and/ principal office address here:	or princi	pal office ad	dress, <u>enter new n</u>	nailing address and/or
New Principal Office Add (Must be STREET address)	dress:	N/A		
New Mailing Address: (May be post office box)		N/A		
C. If amending the registered agent and/or registered agent and/or the new registered	or register d office ad	ed office addr	ess on our records, e	nter the name of the nev
Name of New Registered Agent:	N/A			<u> </u>
New Registered Office Address:				
		Ente	er Florida street addre	ess.
			, 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.

If Changing Registered	Agent,	Signature c	f New R	<u>egistered</u>	Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
General	JUAN C MORENO	8215 LAKE DRIVE B502 DORAL, FL 33166	_ ☐ Add ☐ Remove
GP	DIANA MARCELA AGUDELO BERRI	8323 LAKE DR AP. 407 DORAL, FL 33166	_ Add _ Remove
			_
	· · · · · · · · · · · · · · · · · · ·		_
			_
-	·		_

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

0	This Limited Partnership hereby elects to be a	"Limited Liability Limited Partnership."
---	--	--

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)
N/A	
Effective date, if other than the date of filing: 4,02/2	2024
(Effective date cannot be prior to nor more than 90 days after State.)	the date this document is filed by the Florida Department of
Note: If the date inserted in this block does not meet the application be listed as the document's effective date on the Department o	cable statutory filing requirements, this date will not
on the Dapartinoin of	. State 3 records.
Signature(s) of a general partner or all general partner	artners*:
(*NOTE: Only one current general partner is required to sign	this document unless the limited partnership is adding or
removing a "limited liability limited partnership" election state when adding or removing a "limited liability limited partnersh	ement. Chapter 620, F.S., requires all general partners to sign
1 ~	ip election statement.)
lux I	
Signature(s) of all new or dissociating general pa	rtner(s), if any:
	
Num l. Morcus	
Marcela Agudelo B	
Marcela Meddelo 6	
	2824 ALI
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Filing Fee: \$52.50	φ: ω 10
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	AH II: 55
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