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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

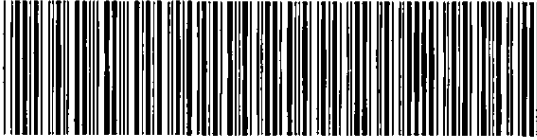
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
*Letz Argudelo gave permission
to correct title. 6/28/24 YGP*

Office Use Only



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2024 MAY 13 AM 11:55
FACILITY ASSISTANT REGISTRATION

JUN 28 2024
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2024

JM & LA FAMILY 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.

Stacy Prather
Regulatory Specialist III

Letter Number: 724A00013784

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JM & LA FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LUZ E AGUDELO

Contact Person

JM & LA FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

Firm/Company

8323 LAKE DR APT 407

Address

DORAL FL 33166

City, State and Zip Code

LUZAGUDELO10@GMAIL.COM

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

For further information concerning this matter, please call:

LUZ E AGUDELO at (786) 487-8049
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status \$105.00 Filing Fee and Certified Copy \$113.75 Filing Fee, Certified Copy, and Certificate of Status

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

**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

2024 MAY 13 AM 11:55
FILED
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 02/02/2017, assigned Florida document number A17000000061, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

N/A

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

| | |
|---|----------------|
| <u>New Principal Office Address:</u> <i>(Must be STREET address)</i> | <u>N/A</u> |
| | _____ |
| | _____ |
| | _____ |
| <u>New Mailing Address:</u> <i>(May be post office box)</i> | <u>N/A</u> |
| | _____ |
| | _____ |
| | _____ |

C. 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:

| | |
|---|-------------------------------------|
| <u>Name of New Registered Agent:</u> | <u>N/A</u> |
| | _____ |
| <u>New Registered Office Address:</u> | |
| | _____ |
| | <i>Enter Florida street address</i> |
| | _____ |
| | _____, Florida _____ |
| | <i>City Zip Code</i> |

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 of New Registered 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> | <u>Address</u> | <u>Type of Action</u> |
|----------------|-------------------------------------|---|--|
| <u>General</u> | <u>JUAN C MORENO</u> | <u>8215 LAKE DRIVE B502</u> <u>DORAL, FL 33166</u> | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| <u>GP</u> | <u>DIANA MARCELA AGUDELO BERRIO</u> | <u>8323 LAKE DR AP. 407</u> <u>DORAL, FL 33166</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

- 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 change(s) here: *(Attach additional sheets, if necessary.)*

N/A

Effective date, if other than the date of filing: 4/02/2024

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signature(s) of a general partner or all general partners*:

(*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 statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

[Handwritten Signature]

Signature(s) of all new or dissociating general partner(s), if any:

Juan P. Moreno
Marcela Agudelo B.

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

2024 MAY 13 AM 11:55
ALLIANCE STATE EOPID