L05000005200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JAN 19 2017

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: JOCAZA 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:

CLAUDIA GONZALEZ LOPEZ
Name of Person

JOCAZA LLC
Firm/Company

1365 HAMLIN DR
Address

CLEARWATER. FLORIDA. 33764
City/State and Zip Code

jocazadish2006@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIA GONZALEZ LOPEZ at (727) 388-3646
Name of Person — Area Code — Daytime Telephone Number

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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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

JC

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JOCAZA 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 01/06/2017 and assigned Florida document number L05000005200.

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)

18722 DOBSON DR. HUDSON. FLORIDA. 34667

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

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: JOSE CASTRO ZAPATA

New Registered Office Address: 18722 DOBSON DR.
Enter Florida street address

HUDSON, **Florida** 34667
City *Zip Code*

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TALLAHASSEE, FLORIDA

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

SC

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/INS	JOSE CASTRO ZAPATA	18722 DOBSON DR. HUDSON	■ Add
		FLORIDA. 34667	☐ Remove
			☐ Change
MGR	CLAUDIA GONZALEZ LOPEZ	1365 HAMLIN DR,	☐ Add
		CLEARWATER. FL. 33764	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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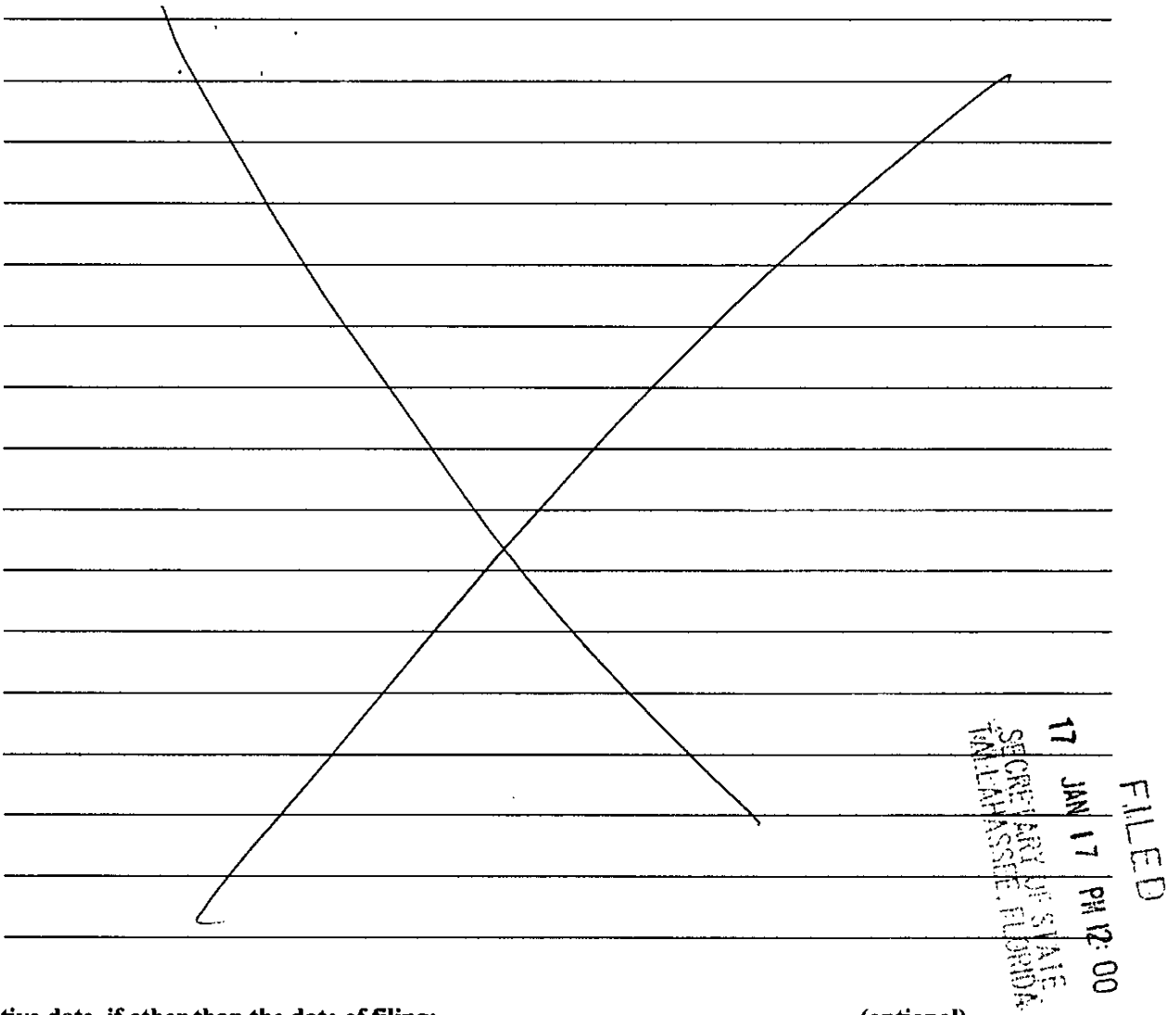
SC

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 (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 JANUARY 06, 2017

Claudia Gonzalez L.

Signature of a member or authorized representative of a member

CLAUDIA GONZALEZ LOPEZ

Typed or printed name of signee

Filing Fee: $25.00

CL