

LD5000045824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

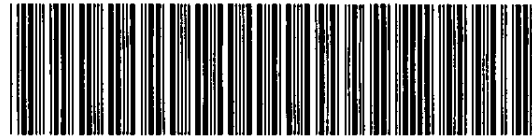
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outigan SEP 23 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JGS Florida 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:

Dora Acherman, Esq.

Name of Person

NR Investments, Inc.

Firm/Company

1111 Park Centre Boulevard, Suite 450

Address

Miami, Florida 33169

City/State and Zip Code

dacherman@nrinvestments.com

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

For further information concerning this matter, please call:

Dora Acherman

Name of Person

at (305)

6250949

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

This amendment is submitted to amend the following:

Page 1 of 2

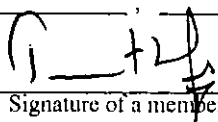
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jorge Alberto Saud	633 NW 167 Street Suite 301 North Miami Beach, FL 33162	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Carlos Gustavo Saud	633 NW 167 Street Suite 301 North Miami Beach, FL 33162	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Nir Shoshani	1111 Park Centre Boulevard, Suite 450 Miami, Florida 33169	<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

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

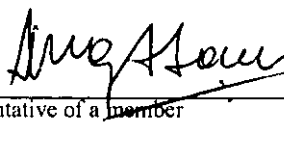
Dated _____



Signature of a member or authorized representative of a member

CARLOS GUSTAVO SAUD

Typed or printed name of signee



JORGE ALBERTO SAUD

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