

108000094963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

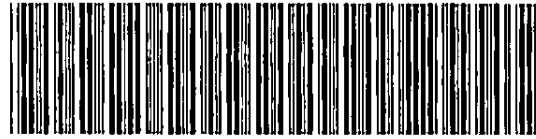
(Business Entity Name)

(Document Number)

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17 AUG 21 AM 11:53  
STATE OF CALIFORNIA  
COUNTY OF SAN DIEGO

S. WARREN

AUG 22 2017





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 9, 2017

JEAN CARLO PARRA  
960 MILLBRAE COURT, UNIT 1  
WEST PALM BEACH, FL 33401

SUBJECT: DECEMBER 1988, LLC  
Ref. Number: L08000094963

We have received your document for DECEMBER 1988, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 717A00016272

Monday, August 21, 2017

Jean Carlo Parra  
960 Millbrea Court Unit 1  
West Palm Beach, FL 33401

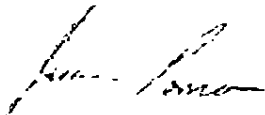
Stacey M Warren  
Regulatory Specialist II  
Florida Department of State  
Division of Corporations

RE: Rejection number W17000059810

Dear Mrs. Warren,

Per our conversation, I no longer desire the register a new LLC under the name "Jean Carlo Parra, LLC" and would like to release the name so that the entity, December 1988, LLC (L08000094963), may us it.

Thank you kindly for all your time and efforts,



Jean Carlo Parra  
561-644-5363  
[jp@blumgmt.com](mailto:jp@blumgmt.com)

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17 AUG 21 AM 11:53  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DECEMBER 1988, L.L.C.

\_\_\_\_\_  
(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 10/07/2008 and assigned  
Florida document number 1,08000094963.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

JEAN CARLO PARRA, L.L.C.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

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: \_\_\_\_\_

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

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FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

NONE

Multiple horizontal lines for amending information.

**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 August 4th 2017

Signature of a member or authorized representative of a member

Jean Parra  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA