

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000232184 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARKO & MAGOINTCK, P.A.

Account Number : I20050000186

Fax Number

Phone : (305)285-2000 : (305)285-5555 910

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ligiao mm-pa.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JONICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 20 2013) RKACF 305-285-5555

(((H16000232184 3)))

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

JONICE, LLC				
(Name of the Lin	ited Liability Comp (A Florida Limited	any as it now appears on our reso Liability Company)	rds.)	
The Articles of Organization for this Limited Florida document number L09000014340	Liability Company	were filed un February 2, 200	and assigned	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	nords of imited Links	line Common with a distribution of f	Cu as the obbased design of T. C.D.	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" Enter new principal offices address, if applicable: 3001 SW Third Avenue		C of the appreviation L.L.C.		
Principal office address MUST BE A STREET ADDRESS		Miami, Florida 33129		
· 			5. 8	
Enter new mailing address, if applicable:		3001 SW Third Avenue	T AND SEL	
(Mailing address MAY BE A POST OFFICE BOX)		Miami, Florida 33129	CO TO	
B. If amending the registered agent and registered agent and/or the new registered of			To A F	
Name of New Registered Agent:	M&M RA Scry	rices, LLC		
New Registered Office Address:	3001 SW 3 Av			
		Enter Florida street address		
	Miami		lorida 33129	
		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

Page 1 of 3

305-285-5555

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	Șteven Sciarretta	2799 NW Boca Raton Blvd	
		Ste 203	■ Remove
		Boca Raton, FL 33431	☐ Change
MGK	Sam VIL, LLC	3001 SW Third Avenue	■ Add
		Miami, Florida 33129	☐ Remove
			Change
			Remove
			Add T
			Remaye
			Add
			□ Rcmave
			Change
			Rcmove
			Change

09/19/2016 11:56 305-285-5555

If amending any other information, enter change(s) here: (Attach addition	(((110000232164)) mal sheets, if necessary.)	3)))
	<u></u>	<u></u>
	> .	N2
	<u> </u>	2010
	<u> </u>	
	د ۱ بستا راهي قامل	<u> > </u>
		
		2
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or many than the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) P g requirements, this date wi	ursuant to 605.0207 11 not be listed as
ne record specifies a delayed effective date, but not an effective ti The 90th day after the record is filed.	ime, at 12:01 a.m. on	the earlier of
Dated September 19 2016		
Lesan	of a mamber	
Signature of a member or authorized representative David Everett Marko, authorized representative	or a member	
Typed or printed name of signer		

Page 3 of 3

Filing Fee: \$25.00