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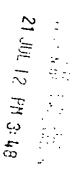
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COVER LETTER

Division of Corporations JMR FAMILY INVESTMENTS, LLC SUBJECT: _ _ 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: MAYRA RODRIGUEZ Name of Person JMR FAMILY INVESTMENTS, LLC Firm/Company 11256 SW 153 CT Address MIAMI, FL 33196 City/State and Zip Code mayra@jarcpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MAYRA RODRIGUEZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMR FAMILY INVESTMENTS, LLC

21 JUL 12 PH 3: 48

(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 I	iability Company were filed on	MAY 7, 2009 and assigned
Florida document number L09000044768		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE.	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address	registered office address on our	records, enter the name of the new registered
Name of New Registered Agent:	MAYRA RODRIGUEZ	
New Registered Office Address:	11256 SW 153 CT	
	Enter F	lorida street address
	MIAMI	Florida ³³¹⁹⁶
	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

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

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<u>Title</u>	<u>Name</u>	Address 21 JUL 12	PH 3: 48 Type of Action
AMBR	MAYRA RODRIGUEZ	11256 SW 153 CT	
		MIAMI, FL 33196	□Remove
			□Change
AMBR	MARGARITA TORRES	495 NW 73 AVE	
		MIAMI, FL 33126	■Remove
			☐ Change
<u></u>			□Add
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ective date, if other than the effective date is listed, the date must e:	ock does not meet the appl	or to date of filin	g or more than 90 day	(optional) ys after filing.) Pursuan its, this date will not	t to 605.020 be listed a
iment's effective date on the De	partment of State's record	is.			
ord specifies a delayed effective filed.	e date, but not an effective	time, at 12:01	a.m. on the earlier	of: (b) The 90th do	ay after the
ined.					
	2021	·			
ed JULY 5	·	·			
ed JULY 5	Signature of a member or au	thorized represer	ntative of a member		