

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TAX, ACCOUNTING AND FINANCIAL EXPERTS, INC.
Account Number : I20120000058
Phone : (305) 438-7671
Fax Number : (866) 895-8710

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**
Email Address: EPUKA76@AOL.COM.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JIMENEZ MUNOZ, LLC

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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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B. BOSTICK

AUG 21 2014

EXAMINER

8/20/2014

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

JIMENEZ MUNOZ 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 08/25/2009 and assigned
Florida document number L09000081969

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2014 AUG 20 AM 11:11
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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

City, Florida 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	MANUELA JIMENEZ MUNOZ	19370 COLLINS AVE CU1	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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11:11 AM
CLERK OF SUPERIOR COURT
DADE COUNTY, FLORIDA

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated AUGUST 18, 2014.

Andres Jimenez Uribe
Signature of a member or authorized representative of a member
ANDRES JIMENEZ URIBE
Typed or printed name of signee

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2014 AUG 20 A 11:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

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