L1000000 3595

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	dusiness Entity Name)	
(C	ocument Number)	
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COVER LETTER

TO: Registration Se Division of Cor	porations		
suвлест:	GEL QE/	AL BSIATE SEC	WICES, LLC
The criclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Plus to return all correspo	ndence concerning this matter	to the following:	
	LUCA D'	Name of Person	
	3,9,81	ORAL ESTATE Firm/Company	SEQUIOS LLC
		JOE DE CEON Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	<u> </u>
Fee further information of	oncerning this matter, please ca	all:	
WCAD C	TPerson	at (<u>205</u>) <u>975</u> - Area Code Daytime	OSQ-) : Telephone Number
Enclosed is a cheek for th	ne following amount:		
\$25,00 Fi ing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J. G. AND L REAL ESTATE SERVICES LLC

(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000003595</u> .	y were filed on 01/11/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		
		18 Jul 17
Enter new mailing address, if applicable:		25 Z
(Mail.rg address MAY BE A POST OFFICE BOX)		D. P. D
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		受け、如 cords, <u>enfer the containe of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		_, Florida
New Fegistered Agent's Signature, if changing Registered Agent	City	Zip Code
I re why accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in this capacity e performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
If Chi	inging Registered Agent, <u>Sign</u>	ature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or retrieved from our records:

MGR = Manager

A	MB3	=	Authorized	Member

Title	<u>Pame</u>	Address	Type of Action
AMBR	ARGENTARA FIVE INC.	2050 CORAL WAY SUITE 307	■ Add
		MIAMI, FL, 33145	☐ Remove
			□ Change
			Remove
			Change
			☐ Add
			□ Remove
	<u></u>		Change 18 SECRETARY UF ST SECRETARY UF ST SECRETARY UF ST
			PM Change
			Remove
			□ Change
			□ Remove
			Change

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ctive date, if other than the date of filing:	/01/2018(optional) of the prior to date of filing or more than 90 days after filing.) Pursuant to 60.
e: If the date inserted in this block does not meet the	he applicable statutory filing requirements, this date will not be list
iment's effective date on the Department of State's	; records.
record specifies a delayed effective date	but not an effective time, at 12:01 a.m. on the earli
ne 90th day after the record is filed.	but not an encetive time, at 12.01 and on the cum
. 07/20 20	18
rd 00.57	

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Typed or printed name of signee

Filing Fee: \$25.00