L10066059848

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



800263334038

10/02/14--01024--001 **25.00

14 OCT -2 AM 9: 59 SECRETARY OF STATE TALL AHASSEE FLORIDA

Cover Letter

Date:

09/30/2014

Subject:

Amendment of articles of organization for "Inversiones Filomena I, LLC"

From:

Gabriel Gonzalez

Contact Info:

(786) 512-7239 admin@JAGpropertiesFL.com

Return Address:

10360 SW 186th Street, #970250 Miami, Florida 33197

COVER LETTER

TO:

Registration Section
Division of Corporations

INVERSIONES FILOMENA I, LLC

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:

GABRIEL GONZALEZ

Name of Person

JAG PROPERTIES OF FLORIDA, LLC

Firm/Company

10360 SW 186 ST, #970250

Address

MIAMI, FLORIDA, 33197

City/State and Zip Code

ADMIN@JAGPROPERTIESFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GABRIEL GONZALEZ

_{*,7}86\512-7239

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing 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

INVERSIONES FILOMENA I, 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 Lia	bility Company	were filed on 09/23/20	10a	ınd assi	gned
Florida document number L10000099848	·				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
•			(T. CH.)	447	
The new name must be distinguishable and end with the w	ords "Limited Liab	•		ation "L.	L.C."
Enter new principal offices address, if applica	ble:	10360 SW 186TH	STREET		
(Principal office address MUST BE A STREET	ADDRESS)	SUITE #970250			
·		MIAMI, FLORIDA	33197		_
			产品	4	
Enter new mailing address, if applicable:		10360 SW 186TH	I STRE實際	007	· 5 i
(Mailing address MAY BE A POST OFFICE B	OX)	SUITE #970250	お野	1	Extrater Extrater
		MIAMI, FLORIDA	33197		Seeding!
			7.0	عد م	(Tank)
B. If amending the registered agent and/o			ords, enter the		of the nev
registered agent and/or the new registered off	ice address her	<u>e</u> :	<u> </u>	9	
	14 O DDO		31DA . L.C		
Name of New Registered Agent:	JAG PRO	PERTIES OF FLOR	RIDA, LLC		
New Registered Office Address:	10360 SW	/ 186TH STREET,	SUITE #970:	250_	
		Enter Florida street ad			
	MIAMI		, Florida <u>33197</u>	7	
		City	Zij	Code	
New Registered Agent's Signature, if changing R	egistered 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

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> Name **Address** Type of Action JUAN ARANGUIZ 90 SW 3RD AVE MGR ☐ Add **SUITE #1904** ■ Remove MIAMI, FLORIDA 33130 10360 SW 186TH ST MGR GABRIEL GONZALEZ ■ Add SUITE #970250 ☐ Remove MIAMI, FLORIDA 33197 □ Add □ Remove 59 □ Add ☐ Remove □ Remove

•	
	
fective date, if other than the date of filing:	(optional)
Tective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and cannot be prior to date of the date	(optional)
Fective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and can date this document is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
e date this document is filed by the Florida Department of State)	(optional) unnot be more than 90 days after
e date this document is filed by the Florida Department of State)	(optional) unnot be more than 90 days after
e date this document is filed by the Florida Department of State)	(optional) unnot be more than 90 days after
e date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
ted,	
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date and cate date this document is filed by the Florida Department of State) sted Signature of a member or authorized represent	

Page 3 of 3

Filing Fee: \$25.00

14 OCT -2 AH 9: 59
SINCRETARY OF STARK
TALLAMASSITE FLORID