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TALLAHASSEE, FLORIDA

# Cover Letter

**Date:**

09/30/2014

**Subject:**

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

**From:**

Gabriel Gonzalez

**Contact Info:**

(786) 512-7239

[admin@JAGpropertiesFL.com](mailto:admin@JAGpropertiesFL.com)

**Return Address:**

10360 SW 186<sup>th</sup> Street, #970250

Miami, Florida 33197

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **INVERSIONES FILOMENA II, 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**

Name of Person

at **786 512-7239**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 II, 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 09/23/2010 and assigned  
Florida document number L10000099859

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)**

10360 SW 186TH STREET

SUITE #970250

MIAMI, FLORIDA 33197

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

10360 SW 186TH STREET

SUITE #970250

MIAMI, FLORIDA 33197

**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:

JAG PROPERTIES OF FLORIDA, LLC

New Registered Office Address:

10360 SW 186TH STREET, SUITE #970250

Enter Florida street address

MIAMI

, Florida

City

33197

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	JUAN ARANGUIZ	90 SW 3RD AVE	<input type="checkbox"/> Add
		SUITE #1904	<input checked="" type="checkbox"/> Remove
		MIAMI, FLORIDA 33130	
MGR	GABRIEL GONZALEZ	10360 SW 186TH ST	<input checked="" type="checkbox"/> Add
		SUITE #970250	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33197	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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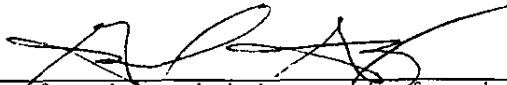
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated \_\_\_\_\_,

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

*Gabriel Gonzalez*  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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