## KII CCCCC1202S

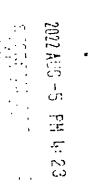
(Re	questor's Name)	
(Ad	dress)	
——————————————————————————————————————	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
iC 6 18		

Office Use Only



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## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

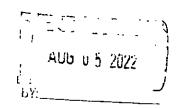
SUBJECT:	JCR FISH	HERIES LLC		
	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub	•		
		MARIO URGILES		
		Name of Person		
	LIBE	RTA FINANCIAL SERVICES		
		Firm/Company		
	8	3226 GRIFFIN RD		
		Address	<del></del>	
	ī	DAVIE FL. 33328		
	SERVIC	City/State and Zip Code ES.LIBERTA@GMAIL.COM	<u>.</u>	_
		to be used for future annual report notif	ication)	2022
For further information co	oncerning this matter, please c	all:		2022 KUS -
MARIO URGILES		954 607-1100 at ( )		. '
Name of	Person	Area Code Daytime	Telephone Number	— B
Enclosed is a check for th	e following amount:			.23
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

Mailing Address:

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





July 22, 2022

MARIO URGILES 8226 GRIFFIN ROAD DAVIE, FL 33328

SUBJECT: JCR FISHERIES, LLC Ref. Number: L11000012028

We have received your document for JCR FISHERIES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 422A00016413

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**沙**.

(A Florida 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	assigned 23
The Articles of Organization for this Limited Liability Company were filed on and a  Florida document number L11000012028  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:	assigned 23
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation '  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	"L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the name agent and/or the new registered office address here:	new registered
Name of New Registered Agent:  New Registered Office Address:    New Registered Office Address:   S126 GRIFFIN ROWNIE	Zs Corp

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 tability company has been notified in writing of this change.

If Changing Begistered 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	FELIZ JUAN CANCIO	2700 SW 120 TERRACE MIRAMAR, FL. 33025	□Add
			□Remove
		<del></del>	🗏 Change
MGR	FELIX JUAN CANCIO	2700 SW 120 TERRACE MIRAMAR, FL. 33025	□Add
			□Remove
			□Change
<del>.</del>			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	05/01/2022
(If an e Note	ctive date, if other than the date of filing:
If the recretord is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	d MAY 05 . 2022