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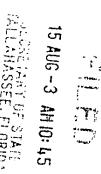
| (Re | questor's Name) | | | | |
|---|--------------------|---------------------------------------|--|--|--|
| (Ad | ldress) | | | | |
| (Ad | dress) | · · · · · · · · · · · · · · · · · · · | | | |
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| PICK-UP | WAIT | MAIL | | | |
| (Bu | isiness Entity Nam | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

| TO: | Registration Se Division of Cor | | | · |
|--------------|------------------------------------|--|---|--|
| | | . THEJUAMIS I | LLC | |
| SUBJ | ECT: | Name of Limi | ited Liability Company | |
| | | Amendment and fee(s) are submodence concerning this matter | | |
| | | МОМ | NIQUE TRONCONE CPA | |
| | | | Name of Person | |
| | | MONI | QUE TRONCONE CPA PA | |
| | | | Firm/Company | |
| | | 55 NE 5 | TH AVENUE SUITE 501 | |
| | | | Address | |
| | | ВО | CA RATON FL 33432 | |
| | | MONIOLEC | City/State and Zip Code | |
| | | | TRONCONE-CPA.COM to be used for future annual report notifi | ication) |
| For fu | rther information c | oncerning this matter, please ca | all: | |
| MON | IQUE TRONCON | Е СРА | 561 417-0308 | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclo | sed is a check for t | he following amount: | | , |
| ■ \$2 | 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:

TO:

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

| THEJUAMIS LLC | | | • | | |
|--|-----------------------------------|--------------------------|-------------|------------|-------------|
| (Name of the Limited Liability Company as (A Florida Limited Liabil | it now appears on ity Company) | our records.) | | _ | |
| The Articles of Organization for this Limited Liability Company were | e filed on | 04/12/2011 | and | assign | ed |
| Florida document numberL11000043507 | • | | | | |
| 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 contain the words "Limited Liability Co | ompany," the design | nation "LLC" or the | bbreviation | "L.L.C | *1 |
| Enter new principal offices address, if applicable: | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | | |
| | | | | | |
| | | | <u>-</u> t | | |
| Enter new mailing address, if applicable: | ···· | | - J | <u>5</u> | · |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 3>3 | 25 | <u>: .</u> |
| · . | | | 755 | 1 . | |
| | | | S.C. | 778 | |
| B. If amending the registered agent and/or registered office | address on ou | r records, <u>ente</u> r | the nar | | the nev |
| registered agent and/or the new registered office address here: | | | 드 | <u>Ö</u> | y wat? m. , |
| · | | | - <u>25</u> | <u>1</u> 5 | |
| Name of New Registered Agent: | | | 3- | | |
| New Registered Office Address: | | | | | |
| | Enter Florida s | treet address | | _ | |
| | | . Florida | | | |
| | City | | Zip Co | de | |
| 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 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> | Address | Type of Action |
|--------------|--------------------------------------|--------------------------------|----------------|
| MGR | Silvia Cristina Villarreal De Martin | Mansiila 1845- Boulogne (1609) | □ Add |
| | | Buenos Aires, Argentina | ■ Remove |
| | | | ☐ Change |
| MGR | GLORIA MARIN | 15051 Royal Oak Lane Apt 1006 | ■ Add |
| | | North Miami Beach FL 33181 | 🗆 Remove |
| | | · | ☐ Change |
| | | | |
| | | | Remove |
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| Effec | tive date, if other t | than the date of f | iling: | 06/18/2015 | | (options | l) | | |
| (If an ef Note: | fective date is listed, the If the date inserted ment's effective date | e date must be specific in this block does r | c and cannot be not meet the a | applicable st | of filing or more that atutory filing requ | an 90 days after film uirements, this da | eg.) Pursuant to te will not be | 605.02 listed | 207 (3)(as the |
| | | | | | | | | | |
| the re | cord specifies a 90th day after | delayed effective the record is file. | /e date, bι ed. | ut not an e | effective time, | , at 12:01 a.m | on the ea | arlier | of: |
| Dated | JUNE 18TH | | 2015 | | | | · | | |
| Dated | | Ro |) les | Oc. | Die | | | | |
| | | Signature | of a member o | r authorized r | epresentative of a r | nember . | | - | |
| | | Silvia | Cristina Villa | arreal De Ma | utin | | | _ | |