

L11000131051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CRm  
10-30-14

October 01st, 2014.

**JMJ PROPERTIES OF SOUTH FLORIDA, LLC.**  
5911 NW 173<sup>RD</sup> DR.  
HIALEAH, FLORIDA 33015-5122.

**URGENT MATTER**

To whom it may concern:

This letter is to inform you that we have a new mailing address. Please update your records to replace my previous address:

**JMJ PROPERTIES OF SOUTH FLORIDA, LLC.**  
5518 NW 114<sup>TH</sup> AVENUE. APT 7-103.  
DORAL, FLORIDA 33178.

with the following **new address**:

**JMJ PROPERTIES OF SOUTH FLORIDA, LLC.**  
5911 NW 173<sup>RD</sup> DR.  
SUITE #15.  
HIALEAH, FLORIDA 33015-5122.

Thank you for your prompt attention to this matter.

Sincerely,  
JESUSA ALONSO ABAD  
JMJ PROPERTIES OF SOUTH FLORIDA, LLC.

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**JMJ PROPERTIES OF SOUTH FLORIDA, LLC.**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**JESUSA ALONSO ABAD**

\_\_\_\_\_  
Name of Person

**JMJ PROPERTIES OF SOUTH FLORIDA, LLC.**

\_\_\_\_\_  
Firm/Company

**5911 NW 173RD DRIVE. SUITE #15.**

\_\_\_\_\_  
Address

**MIAMI LAKES, FLORIDA 33015-5122.**

\_\_\_\_\_  
City/State and Zip Code

**susyalonsoabad@yahoo.com**

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

For further information concerning this matter, please call:

**JESUSA ALONSO ABAD**                      **1 305**      **748-0395**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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14 OCT 20 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

**JMJ PROPERTIES OF SOUTH FLORIDA, LLC.**

1. Name of the limited liability company: \_\_\_\_\_  
**5911 NW 173RD DRIVE.**
2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
**SUITE #15.** **SUITE #15.**  
**MIAMI LAKES, FLORIDA 33015-5122.** **MIAMI LAKES, FLORIDA 33015-5122.**  
**10/16/2014** **L11000131051**

3. \_\_\_\_\_ Date of filing/registration in Florida 4. \_\_\_\_\_ Document number

**LUIS ALEXEI MONTOJO**

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
**5518 NW 114 AVE.**

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
**APT 7-103.**

**DORAL**, **FL** **33178.**

**JESUSA ALONSO ABAD**

- (b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**5911 NW 173RD DRIVE.**

**NEW Registered Office Address:**  
**SUITE #15.**

**MIAMI LAKES**, **FL** **33015-5122.**

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**14 OCT 20 PM 1:23**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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

**JESUSA ALONSO ABAD.**  
\_\_\_\_\_  
Printed or typed name of signee

*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.*

\_\_\_\_\_  
Signature of Registered Agent