## L11000 | H1 280

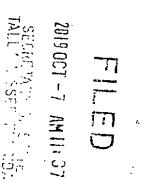
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
e110 10	JUAMANT CT:	, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		ALEJANDRO PICHARDO	0	
		ACCOUNTING CENTER	Name of Person OF ORLANDO LLC	
		1706 E SEMORAN BLVI	Firm/Company  O STE 103	
		APOPKA, FL 32703	Address	
		APICHARDO@ACCOUN	City/State and Zip Code FINGORL.COM	
		E-mail address: (	to be used for future annual report not	ification)
For furt	her information c	oncerning this matter, please c	all:	
ALEJA	NDRO PICHAR	DO	407 574-7340	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for the	ne 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)
	Registr	ING ADDRESS: cation Section on of Corporations	STREET/COUR Registration Secti Division of Corpo	

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUAMANT, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Tability Company)	<del></del>	
The Articles of Organization for this Limited I lorida document number L11000141280	Liability Company	were filed on 05/26/2015	and assigned	
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the <u>limited liab</u>	ility company here:		
he new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	1706 E SEMORAN BLVD STE 103		
Principal office address MUST BE A STRE		APOPKA, FL 32703		
		LTOV C SEMONAN DI VID CTC 102		
Enter new mailing address, if applicable:		1706 E SEMORAN BLVD STE 103		
<u>Mailing address MAY BE A POST OFFICE</u>	(BOX)	APOPKA, FL 32703	يـــــــــــــــــــــــــــــــــــــ	
B. If amending the registered agent and registered agent and/or the new registered of			er the name of the	
Name of New Registered Agent:	ACCOUNTING	G CENTER OF ORLANDO, LLC		
New Registered Office Address:	1706 E SEMOI	RAN BLVD STE 103  Enter Florida street address	31 31	
	АРОРКА	Florida	32703	
		City	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	AYRES US LLC	1706 E SEMORAN BLVD STE 103	<b>■</b> Add
		APOPKA, FL 32703	<b>_</b>
		711 071474, 715 32 703	□ Remove
			Change
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2. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	e specific and cannot be pric k does not meet the appli	cable statutory filing r	(optional) than 90 days after filing.) Pursuan equirements, this date will not	1 to 605.0207 (3)(t be listed as the
f the record specifies a delayed e b) The 90th day after the record		ot an effective tim	ne, at 12:01 a.m. on the	earlier of:
Dated OCTOBER 1	2019	·		
<b>7. . .</b>	_	norized representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00