

L12000032007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

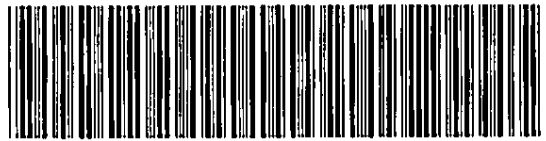
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/27/20--01030--036 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 JAN 27 AM 9:06

Name Change

FEB 25 2020

D CUSHING

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JESSIKA GOMEZ 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 03/06/2012 and assigned
Florida document number L12000032007

FILED
CLERK OF STATE
SECRETARY OF STATE
20 JUN 27 11:09:04

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JESSIKA CONTRERAS LLC

The new name must be distinguishable and contain 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)

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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, 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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

01/21/2020

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 01/21/2020 _____

Signature of a member or authorized representative of a member

JESSIKA CONTRERAS

Typed or printed name of signee

Official Record
 Date: OCT 15 2018
 Re: 30118

Department of Health • Vital Statistics

(STATE FILE NUMBER)

STATE OF FLORIDA
 MARRIAGE RECORD

TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.



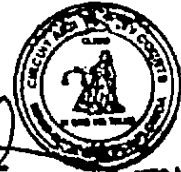
2018-018855
 APPLICATION NUMBER

STATE OF FLORIDA, COUNTY OF MIAMI-DADE

I HEREBY CERTIFY that the foregoing is a true and correct copy of the
 original on file in this office. OCT 15 2018

HARVEY RUVIN, Clerk of Circuit and County Courts

Deputy Clerk



CAROLYN MCKENZIE
 DEPUTY CLERK

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last) DAVID AURELIO CONTRERAS GALINDO		1b. MAIDEN SURNAME (if applicable)	2. DATE OF BIRTH (Month, Day, Year) JAN-03-1973
3a. RESIDENCE - CITY, TOWN, OR LOCATION BOGOTA	3b. COUNTY	3c. STATE COLOMBIA	4. BIRTHPLACE (State or Foreign Country) COLOMBIA
5. NAME OF SPOUSE (First, Middle, Last) JESSIKA (NMN) GOMEZ		5b. MAIDEN SURNAME (if applicable)	6. DATE OF BIRTH (Month, Day, Year) APR-11-1983
7a. RESIDENCE - CITY, TOWN, OR LOCATION MIAMI	7b. COUNTY MIAMI-DADE	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) COLOMBIA

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF SPOUSE (Sign full name using black ink)	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) OCT-11-2018
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink)
13. SIGNATURE OF SPOUSE (Sign full name using black ink)	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) OCT-11-2018
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink)

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE MIAMI-DADE	18. DATE LICENSE ISSUED OCT-11-2018	18a. DATE LICENSE EFFECTIVE OCT-14-2018	19. EXPIRATION DATE DEC-09-2018
20a. SIGNATURE OF COURT CLERK OR JUDGE Harvey Ruvin		20b. TITLE CLERK	20c. BY D.C. R

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) OCT 15 2018	22. CITY, TOWN, OR LOCATION OF MARRIAGE MIAMI-DADE	23c. ADDRESS (of person performing ceremony) MIAMI-DADE COUNTY, FLORIDA 33126
23a. SIGNATURE OF PERSON PERFORMING THE CEREMONY (Use black ink) Carolyn McKenzie		24. SIGNATURE OF WITNESS TO CEREMONY
23b. NAME AND TITLE OF PERSON PERFORMING THE CEREMONY (Or notary stamp) CAROLYN MCKENZIE DEPUTY CLERK		25. SIGNATURE OF WITNESS TO CEREMONY

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

26. SOCIAL SECURITY NUMBER	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c		29c. DATE LAST MARRIAGE ENDED
30. SOCIAL SECURITY NUMBER 769-32-6602	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	29a. NO. OF THIS MARRIAGE 1	29b. LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment) DIVORCE	AUG-07-2015
			33a. NO. OF THIS MARRIAGE 5	33b. LAST MARRIAGE ENDED BY (Death, Divorce, or Annulment) DIVORCE	