(3)

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000286513 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NATIONS BUSINESS CENTER, INC.

Account Number : 120000000238 : (305)591-9448 Phone : (954)753-3447 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUSTMERC LLC

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August 20, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

JUSTMERC LLC P.O. BOX 14-0970 CORAL GABLES, FL 33114

SUBJECT: JUSTMERC LLC REF: L12000035759

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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.

Yasemin Y Sulker FAX Aud. #: H20000286513 Regulatory Specialist III Letter Number: 720A00015925

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUSTMERC LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L12000035759	iability Company	were filed on 03/13/2012	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5551 N University Drive Suite 103	<u></u>
Principal office address MUST BE A STREE		Coral Springs FL 33067	
			900
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5551 N University Drive Suite 103	
		Coral Springs FL 33067	7 17
			2)
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:	Nations Busine	ss & Tax Centers, Inc.	
New Registered Office Address:	2510 NW 97th	Avenue Suite 140	
	Enter Florida street address		
	Miami	, Florid	
		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 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
AMBR	Cesar Venturini	5551 N University Drive Suite 103	□Add
		Coral Springs FL 33067	□Remove
			∑ Change
MGR Guillermo	Guillermo Venturini	5551 N University Drive Suite 103	□ Add
		Coral Springs FL 33067	□Remove
			MI Change
			\(\square\) Remove
			Change
			🗖 Add
	·		Remove
			Change
			□Add
			□Remove
			□ Change
			Remove
			Change

8/19/2020

Amendment address Justmerc H3.jpg

D. If an	tending any other information, enter change(s) hare: (Attach additional sheets, if necessary)
•	
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(H'au eff Nober	(optional) Gefve date, if other than the date of filing: Gefve 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 505.0207 (3)(5) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the sont's effective date on the Department of State's records.
If the secon record is fl	
Dated	' jo dantari
	Signature of a member or authorized representative of a member
	Cosar Venturini