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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

7 WATE

Account Name : NATIONS BUSINESS CENTER, INC.

Account Number : I20000000238 : (305)591-9448 Phone

Fax Number : (954)753-3447

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

	Address:			
-manı	ACCITESS:			

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

Certificate of Status Certified Copy 01 Page Count Estimated Charge \$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 12 12 10:37

JUSTMERC LLC		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records. Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 03/13/2012 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The state of contain the words "Time	sized Fightlity Company" the designation "LLC" or the abbreviation "L.L.C."	
	and Electrical Conference of the Conference of t	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDE	(Name of the Limited Liability Company at ft now agnests on our records.) (A Florida Limited Liability Company)  ticles of Organization for this Limited Liability Company were filed on 03/13/2012 and assigned a document number 1.12000035759	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registerec</u>	
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 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 H. VENTURINI	5551 N UNIVERSITY DRIVE SUTE 103	🖒 Add
		CORAL SPRINGS FL 33067	≡Remove
			□Change
AMBR	CARLOS MARTIN GALAN	5551 N UNIVERSITY DRIVE SUITE 103	<b>∃</b> Add
		CORAL SPRINGS FL 33067	□Remove
			□ Change
			□Add
			□Remove
			□Change
	2000		
			©Remove
			ÓChange
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

Amendment Justmerc-Galan H1.jpg

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)			
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(uptional) (If an effective date it liked, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Property of the date inserted in this block does not meet the applicable statutory filling requirements, this date will document's effective date on the Department of State's records.	rsusni to 605 02 I not be listed i	07 (3½h) 49 the	
If the record specifies a delayed effective date, bur not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 record is filled.	ith day after th	c	
Duted Dotober 12 / 2020			
	·		
Signature of a momber or authorized representative of a member			
CARLOS MÁRTIN GALAN			