

LIR000078565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

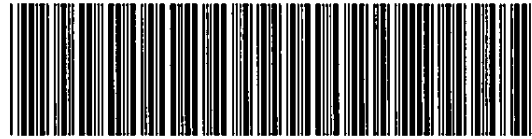
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100263388621

09/26/14--01014--007 **30.00

FILED
2014 OCT 20 PM 4:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 21 2014
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2014

JOMIS GROUP L.L.C.
1457 ATLANTIC SHORE BLVD, SUITE 2
HALLANDALE, FL 33009

SUBJECT: JOMIS GROUP LLC
Ref. Number: L12000078565

We have received your document for JOMIS GROUP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 614A00020995

2014 OCT 20 PM 4:34

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Jonis Group 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 _____ and assigned
Florida document number L12000078565

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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**)

VICTORIA Mossuclo
1457 Atlantic Shore Blvd
Suite 2 Hallandale Fl 33009

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

same as above

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:

VICTORIA E Mossuclo

New Registered Office Address:

1457 Atlantic Shore Blvd Unit 2
Enter Florida street address
Hallandale Fl, Florida 33009
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	FABIO GONZALEZ	1457 ATLANTIC SHORES BLD #2	<input checked="" type="checkbox"/> Add
		HALLANDALE BEACH FL 33009	<input type="checkbox"/> Remove
MGR	VICTORIA MOSSUCCO	1457 Atlantic Shores Blvd	<input checked="" type="checkbox"/> Add
		Unit 2 Hallandale FL	<input type="checkbox"/> Remove
		33009	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2014 OCT 20 PM 4:34
CLERK OF DISTRICT COURT
HALLANDALE BEACH FLORIDA

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____

Signature of a member or authorized representative of a member

JOHN DYER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 OCT 20 PM 4:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA