# L12000090160

(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



500329406995

U5/22/19--U1017--U01 \*\*25.00

C. GOLDEN JUN 1 0 2019

## **COVER LETTER**

Division of Co	rporations		
JJN MAN SUBJECT:	AGEMENT LLC		
SOBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Christian Berube		
		Name of Person	
		Firm/Company	
	1717 N. Bayshore Drive St	uite 213	
		Address	
	Miami, Fl. 33132		
	<del></del>	City/State and Zip Code	
	cberube@groupeheafey.com	1	
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	11:	
Christian Berube		819 568-1723 at ( )	
Name c	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)

#### MAILING ADDRESS:

TO:

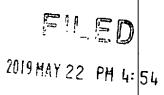
Registration Section

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

### ★ STREET/COURIER ADDRESS:

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

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



JJN MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a Distance of the Control of the Con	
The Articles of Organization for this Limited Liability Compa	ny were filed on 7/11/2012	and assigned
Florida document number L12000090160		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	-
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our recordere:	ls, <u>enter the name of the ne</u>
Name of New Registered Agent:	<del>.</del>	
New Registered Office Address:		
	Enter Florida street addre	?55
	, F	lorida
Now Begintered & gard's Circustone of shoulding Designation		Zip Code
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my duties, a s provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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>	Type of Action
MGR	Christian Berube	1717 N. Bayshore Drive Suite 213	<b>∃</b> Add
		Miami, FL 33132	
		<del></del>	□ Remove
			Change
MGR	Hussein "Carmine" Zayoun	1717 N. Bayshore Drive Suite 213	<b>■</b> Add
		Miami, FL 33132	
		<del></del>	Remove
			Change
MGR	Julie Grimes	1717 N. Bayshore Drive Suite 213	□ Add
		Miami, FL 33132	
		<u> </u>	■ Remove
			Change
			Add
		<del> </del>	Remove
			□ Change
			Add
			Remove
			Change
			🗖 Add
			Remove
			Change

	<del>_</del>						<u> </u>	
		<u> </u>			<del></del>		<u></u>	<del></del> -
					<del></del>			
	<del></del>	·						
		-		-				
	<u>. —</u>						_	_
								<u> </u>
					···		<u> </u>	
				<del>_</del>			<u> </u>	
								<del>_</del> -
	<del></del>					<del>-</del> <u>.</u>		
	<u> </u>							
ffective	date, if other the ve date is listed, the	ian the date of	filing:	at ha prior to	data of filing or a	noro than 110 da	(optional)	
iote: If i	the date inserted in	n this block does	not meet t	he applicabl	e statutory fili	note man 90 da ng requiremer	ts, this date w	If not be listed a
ocument	's effective date o	n the Departmen	t of State	s records.				
e recor	d specifies a d	lelaved effecti	ive date	but not a	ın effective	time at 10	·01 2 m or	the earlier o
The 90	Oth day after th	he record is fi	iled.	, but not a	in enective	une, at 12	.01 a.111. 01	i tile earlier t
ated	MAY	16		219				
				120				
				2400				
			- 145c	<del>2</del>				
		Signature	of gancemb	er or authoriz	ed representativ	of a member		

Page 3 of 3

Filing Fee: \$25.00