L12000094339

(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	:#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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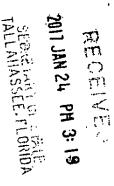
FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2016

SUYAPA CERRATO 3559 SANCTUARY DR ST CLOUD, FL 34769

SUBJECT: JRC & ASSOCIATES LLC

Ref. Number: L12000094339



We have received your document for JRC & ASSOCIATES LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Octavia I Simmons Regulatory Specialist II

Letter Number: 116A00027646

COVER LETTER

	ision of Corp				
SUBJECT:	JRC & ASSO	OCIATES LLC			
SUBJECT.		Name of Limited	Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are submit	ted for filing.		
Please return	all correspon	dence concerning this matter to	the following:		
		Suyapa Cerrato			
			Name of Person		
		JRC & ASSOCIATES LLC			
			Firm/Company		
		3559 Sanctuary Drive			
			Address		
		Saint Cloud, FL 34769			
	•		City/State and Zip Code	:	
		sechick@gmail.com E-mail address: (to b	e used for future annual	report notification	on)
For further in	nformation co	ncerning this matter, please call:			,
Suyapa Cerr	rato		321 24	16-6114	
	Name of	Person	Area Code	Daytime Tele	phone Number
Enclosed is a	a check for the	e following amount:			
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

JRC & Associates, LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L12000094339	iability Company	were filed on 01/14/2017	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3559 Sanctuary Drive	
		Saint Cloud, FL 34769	
		3559 Sanctuary Drive	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	Saint Cloud, FL 34769	
B. If amending the registered agent and registered agent and/or the new registered of			参 量 工
Name of New Registered Agent:	Suyapa Cerrato		
New Registered Office Address:	3559 Sanctuary		1 3 U
		Enter Florida street address	<u> </u>
	Saint Cloud	, Florida	34269
		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, <u>enter the title</u>, 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
MGRM	Carlos Cerrato R	803 Massy	Add
		Kissimmee, FL 34759	■ Remove
			Change
MGR	Suyapa Chick to Suyapa Cerrato	3559 Sanctuary Drive	
	Nome Change	Saint Cloud, Fl 34769	Remove
			■ Change
AMGR	Kenan James Chick	3559 Sanctuary Drive	
		Saint Cloud, Fl 34769	□ Remove
			□ Change
			<u> </u>
			Remove
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ctive date, if other than th	e date of filing:			ptional)
effective date is listed, the date most of the date inserted in this b	ust be specific and cannot be block does not meet the a	prior to date of filing pplicable statutory	g or more than 90 days at r filing requirements, t	lter filing.) Pursuant to 605.02 this date will not be listed
iment's effective date on the l				
ecord specifies a delaye		t not an effect	ive time, at 12:0	1 a.m. on the earlier
e 90th day after the re	cora is niea.			
	0015			
January 14	2017			
d January 14	, <u>2017</u>	·		
d	, 2017	·		
January 14	Signature of a member or	authorized represer	ntative of a member	

Page 3 of 3

Filing Fee: \$25.00