

# L13000052413

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SERVICIOS COMUNITARIOS LATINOS INC  
Account Number : I20080000080  
Phone : (305) 642-1090  
Fax Number : (305) 642-1010

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: Olondon22@hotmail.com

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION  
JC UNLIMITED LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H130001608003

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

JO Unlimited LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

Olondon 22@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Octavio Londono  
Name of Person

at 305 582-6560  
Area Code & Daytime Telephone Number

Enclosed is a check for the 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:

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

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JC UNLIMITED 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 04/10/2013 and assigned  
Florida document number L13000052413

This amendment is submitted to amend the following:

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

N/A

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)

1800 NORTH BAY SHORE DR #3507

MIAMI, FL. 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1800 NORTH BAY SHORE DR #3507

MIAMI, FL. 33132

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:

OCTAVIO E. LONDONO

New Registered Office Address:

1800 NORTH BAY SHORE DR #3507

Enter Florida street address

MIAMI

Florida 33132

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

H130001608003

H130001608003

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JUAN C. MUSI	4575 SABAL PALM RD	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input checked="" type="checkbox"/> Remove
MGR	OCTAVIO E. LONDONO	1800 NORTH BAY SHORE DR #3507	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33132	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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H130001608003

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

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Dated JULY 17, 2013

X *[Signature]*

Signature of a member or authorized representative of a member

JUAN C MUSI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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