

L13000059864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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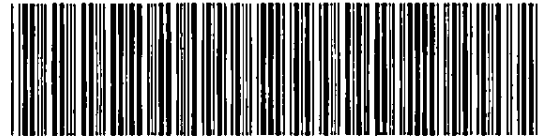
(Business Entity Name)

(Document Number)

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R. WHITE
FEB 24 2020

2020 FEB 24 1:37

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JUSTEN INVESTMENTS, 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:

Paola Abello, Esq.

Name of Person

Perez Abello Law PLLC

Firm/Company

1390 S. Dixie Hwy, Suite 1309

Address

Coral Gables, FL 33146

City/State and Zip Code

pabello@perezabellolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paola Abello, Esq.

786 485-0778
at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2020-07-31 PM 1:37

JUSTEN INVESTMENTS, 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 04/23/2013 and assigned Florida document number L13000059864.

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 contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 Changing Registered Agent, Signature of New Registered Agent

It 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>	<u>Type of Action</u>
MGRM	JEMKO DEVELOPMENT CORP	210 SHORE DRIVE SOUTH	<input type="checkbox"/> Add
		MIAMI, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	TRENDY PROPERTIES, LLC	260 Crandon Blvd. Suite 32, # 210	<input type="checkbox"/> Add
		Miami, FL 33149	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Bequest Investments LLC	PO BOX 490614	<input type="checkbox"/> Add
		Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Juan M. Echeverri	900 Biscayne Blvd	<input checked="" type="checkbox"/> Add
		Suite 707	<input type="checkbox"/> Remove
		Miami, FL 33132	<input type="checkbox"/> Change
MGR	Enrique Lopez	260 Crandon Blvd	<input checked="" type="checkbox"/> Add
		Suite 32 # 71	<input type="checkbox"/> Remove
		Key Biscayne, FL 33149	<input type="checkbox"/> Change
MGR	Luis Ortiz	219 E Enid Drive	<input checked="" type="checkbox"/> Add
		Key Biscayne, FL 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

By 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>	<u>Type of Action</u>
MGR	Beatriz Lopez	PO BOX 490614	<input checked="" type="checkbox"/> Add
		Key Biscayne, FL 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pablo Burgos	1248 S. Alhambra Cir	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33146	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 23, 2020

DocuSigned by:

Juan M. Echeverri

-099E3CA5953F402

Signature of a member or authorized representative of a member

Juan M. Echeverri

Typed or printed name of signee

Filing Fee: \$25.00