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(City/State/Zip/Phone #)	09/27/2201016005 **25.00
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TO: Registration Section Division of Corporations J & F ASSOCIATES U SUBJECT:			
	Name of Limited Liability Company		
The enclosed Articles of Amendmen Please return all correspondence con			
FRANC	ISCO A GONZALEZ		
<u></u>	Name of Person		
J&FA	SSOCIATED UNLIMITED LLC		
	Firm/Company		
10653 \	V OKEECHOBEE RD		
	Address		
MEDLI	Y, FL 33178		
	City/State and Zip Code		
RICO@I	E-mail address: (to be used for future annual report notification)		
For further information concerning th		. ~	
RICO ORTIZ	786 970-7999	022 S	- ×
Name of Person	at () Area Code Daytime Telephone Number	رم میں	ین <u>ب</u> ۱
Enclosed is a check for the following	aniount:	27 AU 9:	الاستار ا
	(additional copy is enclosed) Certified (ing Fee, C_{∞}^{n} = C_{∞}^{n} = C_{∞}^{n} = C_{∞}^{n}	
Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	0	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

				6
I.	&	F	ASSOCIATES	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 05/13/2013	and assigned

Florida document number _____

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)

10099 NW 89 AVE

MEDLEY, FL. 33178

RICO'\$

4962 IRON HORSE WAY

AVE MARIA, FL 34142

MU25EP 27 Fil 9: 50

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered affice address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	iress
	City.	Florida

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGRM	JUAN RAMOS		10653 W OKEECHOBEE RD	□Add
			HIALEAH GARDEN, FL 33018	
				Change
AMEMB	JOSE RAMOS		10653 W OKEECHOBEE RD	🗆 Add
			HIALEAH GARDEN, FL 33018	Remove
				Change
				🗆 Add
				🗆 Remove
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				🗆 Add
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				Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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		09/23/2022			
E. Effective date, if oth (If an effective date is liste	ner than the date of filing ad, the date must be specific and	g:	(0 iling or more than 90 days	ptional) after filing) Pursuant to (605 0207 (3)(h
Note: If the date inse	rted in this block does not r date on the Department of S	neet the applicable statu	tory filing requirements.	, this date will not be	listed as the
document s'effective (State s records.			
If the record specifies a de	layed effective date, but not	t an effective time at 12:	0) a m on the earlier o	f: (b) The 90th day a	ifter the
record is filed.	ayea encente alle, but not		or unit on the carrier o		
00/22		2022			
Dated	2	2022			
<u> </u>					
1 sa	Signature of a.	member or authorized repre	esentative of a member		
ED 4 5:030					
FRANCIS	CO A GONZALEZ	Typed or printed name of	cunaa		
		Typed of printed name of	arguee		
		Filing Fee:	\$25.00		