

L13000115634

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : AGI REGISTERED AGENTS, INC.
 Account Number : I20000000205
 Phone : (305) 416-6800
 Fax Number : (305) 416-6811

Amend

2013 AUG 19 AM 9:05
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: dhernandez@agilaw.com

RECEIVED
13 AUG 19 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ARTECITY JABB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

J. SAULSBERRY
EXAMINER

AUG 20 2013

COVER LETTER

((H13000184237 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: ARTECITY JABB, 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:

Diane M. Hernandez
Name of Person

Adams Gallinar, P.A.
Firm/Company

1000 Brickell Avenue, Suite 300
Address

Miami, Florida 33131
City/State and Zip Code

dhernandez@agilaw.com
E-mail address: (to be used for future annual report notification)

2013 AUG 19 AM 9:05
 STATE
 DEPARTMENT OF REVENUE

For further information concerning this matter, please call:

Diane M. Hernandez at **305 416-6800**
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/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

((H13000184237 3))

ARTECITY JABB, 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 August 15, 2013 and assigned Florida document number L13000115634

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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 608, 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 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:

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MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>Juan Carlos Boned</u>	<u>1000 Brickell Avenue</u>	<input type="checkbox"/> Add
		<u>Suite 300</u>	<input checked="" type="checkbox"/> Remove
		<u>Miami, Florida 33131</u>	
<u>Mgr</u>	<u>Juan Carlos Boned Suberviola</u>	<u>1000 Brickell Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 300</u>	<input type="checkbox"/> Remove
		<u>Miami, Florida 33131</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2013 AUG 19 AM 9:05
 ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 08/19/13 BY SP-1/STW/STW

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

Dated August 19th, 2013



Signature of a member or authorized representative of a member

Robert R. Adams, Esq., Authorized Signatory

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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 OFFICE
 TALLAHASSEE
 FLORIDA

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