

APR/06/2018 FRI 10:41 AM

Page No.

P. 001

L13000133601

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H180001080133)))



H180001080133ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

FILED
18 APR -6 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2018 APR -6 AM 9:42

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LLSCC, LLC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALLY

APR 9 2018

APR/06/2018/FRI 10:46 AM

FAX No.

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LLSCC, 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 09/20/2013 and assigned
Florida document number L13000133601

This amendment is submitted to amend the following:

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

JOAN MANAGEMENT GROUP LLC

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)

11890 SW 8TH ST

STE: 202

MIAMI, FL 33184

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11890 SW 8TH ST

STE: 202

MIAMI, FL 33184

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:

CHANGE OF ADDRESS

New Registered Office Address:

11890 SW 8TH ST STE: 202

Enter Florida street address

MIAMI

Florida 33184

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

P. 002
FILED
18 APR -6 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If 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> |
|--------------|-------------------|-----------------|--|
| AMBR | CHANGE OF ADDRESS | 11890 SW 8TH ST | <input type="checkbox"/> Add |
| | | STE: 202 | <input type="checkbox"/> Remove |
| | | MIAMI, FL 33184 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
18 APR -8 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR/06/2018/FRI 10:46 AM

FAX No.

P. 004

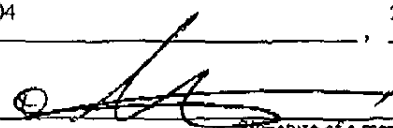
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
18 APR -6 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 04/04, 2018



Signature of a member or authorized representative of a member

JORGE DUNIEKI AVILA NUNEZ

Typed or printed name of signee