

L17000 149520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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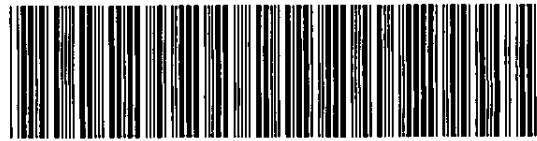
(Business Entity Name)

(Document Number)

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FILED
2018 MAY 14 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAN JUAN MANAGEMENT GROUP 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:

THAMARA PEREZ

Name of Person

TABADESA ASSOCIATES

Firm/Company

419 W 49th ST SUITE# 111

Address

HIALEAH, FL 33012

City/State and Zip Code

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

For further information concerning this matter, please call:

THAMARA PEREZ 305 558-0622
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SAN JUAN MANAGEMENT GROUP 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 10/23/2013 and assigned
Florida document number L13000149520.

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)

419 W 49th ST

SUITE # 111

HIALEAH, FL 33012

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

419 W 49th ST

SUITE # 111

HIALEAH, FL 33012

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:

THAMARA PEREZ

New Registered Office Address:

419 W 49 th ST SUITE # 111

Enter Florida street address

HIALEAH

City

, Florida

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

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2018 MAY 14 PM 3:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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>
MGR	JOSE D PROSPERT	PO BOX 1972	<input type="checkbox"/> Add
		WINTER PARK, FL 32790	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	KARIN E GOMEZ RODRIGUEZ	1133 LOUISIANA AVE	<input type="checkbox"/> Add
		STE 101	<input checked="" type="checkbox"/> Remove
		WINTER PARK, FL 32789	<input type="checkbox"/> Change
MGR	NICOLAS MANGIERI	419 W 49th ST	<input checked="" type="checkbox"/> Add
		SUITE # 111	<input type="checkbox"/> Remove
		HIALEAH, FL 33012	<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

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

FILED
2018 MAY 14 PM 4:01
CLERK OF DISTRICT COURT
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 MAY 9, 2018



Signature of a member

NICOLAS MANGIERI

Typed or printed name of signee