2/17/22, 1:54 PM

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RICHARDS & PARTNERS, P.A.

Account Number : I20110000091 Phone : (305)858-9900 Fax Number : (305)285-0015

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

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JALLCHAG, LLC

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COVER LETTER

		ation Sect n of Corp		<u></u>			
CUD IECO		LLCHAG	, LLC				
SUBJECT	· ;		Name of Lim	nited Liability Company			
			mendment and fee(s) are sub				
·			DARLIN ESPINOSA				
				Name of Person			
			RICHARDS & PARTNEI	RS, P.A.			
				Firm/Company			
			2665 SOUTH BAYSHOR	E DRIVE SUITE 703			
			Address				
			MIAMI, FL 33133				
				City/State and Zip Code			
			E-mail address: (to be used for future annual re	port notification)		
For further	infor	nation cor	ncerning this matter, please c	all:			
DARLIN	ESPIN	IOSA		305 858- at ()	9900		
•		Name of F	² erson	Area Code	Daytime Telepho	ine Number	
Enclosed i	s a che	ck for the	following amount:				
■ \$25.00) Filin	g Fce	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$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

JALLCHAG		
(Name of the Limited Liability Company (A Florida Limited Lia	bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L13000161868</u>	ere filed on 11/19/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "Li.C" or th	ne abbreviation "L.IC."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		APPR FL FL FL FL FL FL FL FL FL FL FL FL FL
Enter new mailing address, if applicable:		PH CONTRACTOR
(Mailing address MAY BE A POST OFFICE BOX)		(c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, enter the n	ame of the new registers
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 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

Title	<u>Name</u>	Address	Type of Action
MGR	DESMYD ALJA FLORIDA LLC	2530 POINCIANA DR	
		WESTON, FL 33327	= Remove
			☐ Change
MGR	FERNAN RODRIGUEZ	2665 SOUTH BAYSHORE DRIVE	= Add
		SUITE 703	□ Remove
		MIAMI, FL 33133	□ Change
			□Add
			□ Remove
			Change
			□ Add
			□ Remove
			□Change
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			Change
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			□Remove
			ПСняпре

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an c	etive date, if other than the date of filing: (optional) ffective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	ord 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 filed.
Dated	Felonwary 17, 2022
	Signature of a member or authorized representative of a member
	FERNAN RODRIGUEZ

Filing Fee: \$25.00