6/22/2018

**Division of Corporations** Florid tment of State orporation ronic I Hing Ob heet

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	Division of Corporations Fax Number : (850)617-6383	3	
From	:		
	Account Name : ALVAREZ, SUAZ Account Number : I20130000076 Phone : (305)388-7028	3	
	Fax Number : (305)479-2785	5	
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JACHNOON, LLC	
(Name of the United Linbility Company as it now appears on our records.) (A Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document numberL13000161963	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here?	IN I
N/A	29 ET
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abi	roviation "L.L.C."
Enter new principal offices address, if applicable:	de
(Principal office address MUST BE A STREET ADDRESS)	56
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:	ne name of the new
Name of New Registered Agent: N/A	

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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	TIM SUAZO	7951 RIVERA BLVD	🖸 Add
		SUITE 210	
		MIRAMAR, FL 33023	Change
AMBR	DANIELLE ASSOULINE	7951 RIVIERA BLVD	🖬 Add
		SUITE 210	Rcmove
		MIRAMAR, FL 33023	Change
AMBR	JACK WEISSMAN	7951 RIVIERA BLVD	🖬 Add
		SUTTE 210	П Ксточе
		MIRAMAR, FL 33023	13 SECON Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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N/A			
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E. Effective date, if other than the date of filing: (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) <u>Note:</u> 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	06/20/2018	
-		in the second second
		Signisting of a member of authorized representative of a member
		TIM SUAZO
		Typed or printed name of signed

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