## 14000009334

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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration So Division of Cor					
	STATE GROUP MIAMI, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jose Leonardo				
·		Name of Person		-	
	Law Offices of Jose J. Leo	nardo. Esq.		2022 SEP -1 PM12: 07	
		Firm/Company		Q.	
	500 S. Dixie Highway, Sui	te 204		<u> </u>	
		Address		PH 1	
	Coral Gables, FL 33146			5: 0	
		City/State and Zip Code		7	
	jose.leonardo@jleonardolav				
	E-mail address: (	to be used for future annual rep	port notification)		
For further information of	concerning this matter, please co	all:			
Jose Leonardo		305 275-9	)177		
Name o	of Person	at () Area Code	Daytime Telephone Numbe	er	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	ate of Status &	
Mailing Addre Registration		<u>Street Add</u> Registrati	ress: ion Section		
Division of C	Corporations	Division	of Corporations		
P.O. Box 631	27	The Cent	re of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JNJ REAL STATE GROUP MIAMI, 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 January 17, 2014 and assigned Florida document number L14000009334 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JNJ REAL ESTATE GROUP MIAMI, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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) 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

## 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

, 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

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Filing Fee: \$25.00