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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
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SECRETARY OF STATE ALL AHASSEE, FLOW OF

JUN 0 6 2016 S. YOUNG

COVER LETTER

TO:	Registration So Division of Co			¥ .	
SUBJEC	100	w 2 street,llc			
SUBJEC		Name of Lin	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing		
		ondence concerning this matter	_		
		CARLOSGIL			
			Name of Person		
			Firm/Company		= 29
		3910WESTFLAGLER S	TREET		ALL AHASSEE, HILL 16 MAY 31 PM
			Address		<u> </u>
		MIAMI FLORIDA 33134	l.		2 Tu
		CARLOS@CARLOSAGI			ज हैं। ज
For furth	er information c	oncerning this matter, please co	to be used for future annual repo all:	rt notification)	
CARLO	SGIL		305 443-25	525	
	Name o	f Person		Daytime Telephone Number	
Enclosed	is a check for th	ne following amount:			
3 \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certified C	of Status &
	Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/CO Registration S Division of C Clifton Build	orporations	

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

750-760 SW 2 STREET,LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L14000021708	Company were filed on <u>02/07/2014</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	- 34
Principal office address MUST BE A STREET ADD	RESS)	
		(A) (1) (A)
Enter new mailing address, if applicable:		7.0
Mailing address MAY BE A POST OFFICE BOX)		访清
		حو ب المعنوا
B. If amending the registered agent and/or regiregistered agent and/or the new registered office add		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	JASO PROPERTIES,LLC	311 BERMUDA SPRINGS DRIVI	🗖 Add
		WESTON, FL 33326	■ Remove
			Change
MGR	JAVIER SANCHEZ	311 BERMUDA SPRINGS DRIVE ■	Add
		WESTON, FL 33326	■ Remove
			Change H
MGR	DANIEL DE GRAZIA	311 BERMUDA SPRINGS DRIVI	Change H
		WESTON, FL 33326	Remove O
			ු දි □ Change
MGRM	DANIEL DE GRAZIA	311 BERMUDA SPRINGS DRIVI	= Add
		WESTON, FL 33326	🗆 Remove
			☐ Change
MGRM	jaso investments,llc	311 BERMUDA SPRINGS DRIVI	Add
		WESTON, FL 33326	☐ Remove
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ctive date, if other than effective date is listed, the date	must be specific and cannot be prior to date of filing or	(optional) more than 90 days after filing.) Pursuant to 605.02
e: If the date inserted in thi iment's effective date on th	s block does not meet the applicable statutory file Department of State's records.	ing requirements, this date will not be listed.
record specifies a dela ne 90th day after the	yed effective date, but not an effective record is filed.	e time, at 12:01 a.m. on the earlier
MAY 25	2016	0

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00