## 140005213

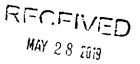
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

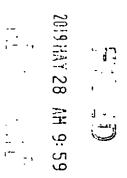
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R. WHITE JUN 1 5 2019

## **COVER LETTER**

TO: Registration Se Division of Corp			
JORADA H SUBJECT:	OLDINGS LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter  JORGE L CORNELIO	to the following:	
	JORADA HOLDINGS LLC	Name of Person	
	10144 NW 137TH ST	Firm/Company	
	HIALEAH GARDENS, FL 3	Address 33018	
	jcornelio1205@yahoo.com	City/State and Zip Code	
For further information co	E-mail address: 0 oncerning this matter, please co	to be used for future annual report notifi all:	cation)
JORGE L CORNELIO		786 521 7515	
Name of	Person		Telephone Number
Enclosed is a check for th	se following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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 FOR STATE OF

JORADA HOLDINGS, LLC

2019 HAY 28 AM 9: 59

( <u>Sante of the Cimite</u>	A Florida Limited	Liability Company)	records.)
The Articles of Organization for this Limited Lia Plorida document number L14000050273	bility Company	were filed on 03/27/201	4 and assigned
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designatio	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A	·
Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE B	<u>:0X)</u>		
B. If amending the registered agent and/oregistered agent and/or the new registered off  Name of New Registered Agent:			ecords, enter the name of the
New Registered Office Address:			
Her regulated White Hameon		Enter Florida street	t 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
AMBR	ADA M TAPIA	10144 NW 137TH ST	
		HIALEAH GARDENS, FL 33018	
			<b>■</b> Remove
			Remove
			Change
AMBR	JORGE L CORNELIO JR.	10144 NW 137TH ST	•
			B ∧dd
		HIALEAH GARDENS. FL 33018	
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	05/20/20			
fective date, if other than the in effective date is listed, the date must	date of filing:	diameter data of filling or ma	(optional)	605 0707
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cument's effective date on the De			•	
record specifies a delayed		not an effective ti	me, at 12:01 a.m. on the	earlier of:
The 90th day after the reco	ord is filed.			
nted MAY 20TH	2019	·		
	2 /			
1/0/ (-01	Signature of a member or at			
			~	<del></del>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00