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2017 JUL IL PM 2: 56

K. SALY JUL 18 2017

COVER LETTER

	Name of Limi	ted Liability Company	
enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
ase return all correspo	ondence concerning this matter t	to the following:	
	Jorge L. Lopez-Garcia, Esc	Į.	
		Name of Person	
	Jorge Luis Lopez-Garcia, I	?.A.	
		Firm/Company	
	1450 Madruga Avenue, Su	ite 408	
		Address	
	Coral Gables, Florida 3314	6	
		City/State and Zip Code	
	jorge@lopezgarciapa.com		
	E-mail address: ()	o be used for future annual report notific	cation)
r further information c	concerning this matter, please co	ill:	
orge L. Lopez-Garcia, Esq.		305 662-2525 Area Code Daytime	Telephone Number
Name o	f Person	Area Code Daytime	Telephone Number
closed is a check for t	he following amount:		
\$25.00 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 tadditional copy is enclosed

MAILING ADDRESS:

Registration Section, Division of Corporations

TO:

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

	TO	
ARTICLES OF	ORGANIZATION	E.
	OF	PILER
		2017 111
TIVAT, LLC		JUL 14 PM
(Name of the Limited Liability Com	pany as it now appears on our records.) d Liability Company)	2017 JUL 14 PM 2: 56 TALLAHASSEE, FLORIDA and assigned
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MASSEE, FLOAIE
he Articles of Organization for this Limited Liability Compar	ny were filed on April 1, 2014	and assigned and assigned
lorida document number 1.14000053293		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
JLCINI, LLC		
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Valuing dadress MAT BE A POST OFFICE BOX		
		.
If amending the registered agent and/or registered egistered agent and/or the new registered office address h		nter the name of the new
egistered agent and/or the new registered office address in	cic.	
Name of New Registered Agent:		
New Registered Office Address:		
New Registerer Office Address.	Enter Florida street address	
	. Florid	·a
	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: FILED MGR = Manager 2017 JUL 14 PM 2: 56 AMBR = Authorized Member <u>Address</u> Type of Action <u>Title</u> <u>Name</u> TALLAHASSEE, FLORIDA _□ Add ☐ Remove ☐ Remove _□ Change __ 🗆 Add ☐ Remove _□ Change _□ Remove _□ Change _□ Remove _□ Change □ Add ☐ Remove

☐ Change

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•	30.
•	TALLAHASSLE, FLORIGA
•	TELAMASSEE, SIAM
•	· CORIGA
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(If an eff Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Tuly 13. 2017

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00