14000079231

| • | |
|---|----------------|
| (Requestor's Name) | |
| (Address) | |
| (Address) | |
| | 10 |
| (City/State/Zip/Phon | e #) |
| PICK-UP WAIT | MAIL |
| (Business Entity Na | me) |
| (Submess Chuly Hui | o _j |
| (Document Number) |) |
| | |
| Certified Copies Certificate | s of Status |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| <u>.</u> | |
| | |
| • | |
| | - |
| | |

Office Use Only



000292672260

12/02/16--01009--002 **30.00

FILEU

16 DEC -2 PH 4: 40

DIVISION OF GERPOLATIONS

O SIMMONS DEC 0 5 2016

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: EJC Alliance Group LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Vina Uructa Name of Person |
| EJC Alliance Group LLC Firm/Company |
| 12253 SW 125 CT Address |
| Miami Fl 33186 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Vina Urveta at (786) 4707397 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| |

MAILING ADDRESS:

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EJE Alliance o | TOUP LLC | |
|---|--|---------------------------------|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | n∲ as it now appears on our records.) iability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 140000 79231</u> | were filed on 05 15 2019 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabile | ity Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | NA | |
| (Principal office address MUST BE <u>A STREET ADDRESS)</u> | | 5 5 |
| | NIA | FIL 16 DEC -2 DIVISION OF |
| Enter new mailing address, if applicable: | 10 15- | P I |
| (Mailing address MAY BE A POST OFFICE BOX) | | PH L: 40 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | |
| Name of New Registered Agent: | NA | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florida _ | Zip Code |
| Now Degistered Agent's Signature if changing Degistered Agent | | |

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 |
|--------------|-----------------|-------------------|--|
| MER | Fanny Rodriguez | 14901 SW 114 terr | Add |
| | | Miami, Fl 33196 | Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | • | | Change |
| | | | Add |
| | | | □ Remove |
| | | | S Change T |
| | | | E Ado |
| | | | Respoye U |
| · | | | Change Remove Change Change Change |
| | • | | |
| | | | □ Remove |
| | | | Change |
| | | | 🗆 Add |
| | | | Remove |
| | | | □ Change |

| If am'e | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | |
|------------------|--|------------|
| | | |
| - | | |
| | | |
| _ | | |
| _ | | |
| _ | or lesion. | ~Y |
| _ | En' 1 | GV40 |
| _ | PH 4: 40 | 1 |
| _ | t | |
| | | |
| - | | |
| _ | | |
| Note: | ive date, if other than the date of filing: 1 2 16 (optional) ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the series of the date on the Department of State's records. | (3)(he |
| the rec) The | 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_ | November 30, 2016. Yina vocata | |
| | Signature of a member or authorized representative of a member | |
| | Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00