114000129380

(Requestor's Name)	•	
(Address)	-	
(Address)	-	
(City/State/Zip/Phone #)	-	
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(Business Entity Name)	-	
(Document Number)	-	
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Division of Co	rporations'		
JMA INVI (UBJECT:	ESTMENTS LLC		
	Name of Lim	ited Liability Company	
he enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
lease return all corresp	ondence concerning this matter	to the following:	
	ABRAHAM GETZEL		
	_	Name of Person	
	JMA INVESTMENTS LL	С	
		Firm/Company	
	19062 NE 29TH AVE		
		Address	
	AVENTURA, FL 33180		
		City/State and Zip Code	
	getzela@gmail.com		
	E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please ca	all:	
ABRAHAM GETZEL		786 2885447 at ()	
Name	of Person		Telephone Number
Enclosed is a check for t	the 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 (additional copy is enclosed)
		•	

MAILING ADDRESS:

TO:

Registration Section

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

(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 $\frac{08/1/2014}{1}$ and assigned Florida document number _____14000129380 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 20000 E. COUNTRY CLUB DR. Enter new principal offices address, if applicable: **APT 806** (Principal office address MUST BE A STREET ADDRESS) AVENTURA, FL 33180 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 , Florida

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>	<u>Address</u>	Type of Action
MGR	JACKY BENOUDIZ	21405 NE 19TH CT	
		AVENTURA, FL 33180	■ Remove
			Change
MGR	MICHEL BENOUDIZ	10997 BLUE PALM	Add
		PLANTATION, FL 33324	Remove
			☐ Change
MGR	MAIM LLC	19062 NE 29TH AVE	□ Add
		AVENTURA, FL 33180	FRemove-y
			SA Change
MGR	CARLOS MOSCOVICI	20000 E. COUNTRY CLUB DR	
		APT 806	Remove
		AVENTURA, FL 33180	☐ Change
			Add
			Remove
			Change
			□ Add
			Remove
			Change

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te: If the date inserted in this bloc cument's effective date on the Dep			itory filing require	ments, this date will	not be listed
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record specifies a delayed	effective date, b	out not an eff	ective time, at	: 12:01 a.m. on	the earlier
The 90th day after the reco					
AUGUST 31	2015				
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Filing Fee: \$25.00