## 1400148485

(R	Requestor's Name)	
(A	Address)	
<u> </u>	address)	
(C	City/State/Zip/Phone #)	_
PICK-UP	WAIT MAIL	4
(E	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	o Filing Officer:	
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Office Use Only



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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J Alonso 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:
Jorge Alonso Name of Person
J Alonso LLC Firm/Company
3644 S Ridge Cir
Titus ville, FL 32796 City/State and Zip Code
E-mail address: (to be used for future augual report notification)
For further information concerning this matter, please call:
Carla Micabile at 321 591-9033  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scritificate of Status Certified Copy (additional copy is enclosed)  \$30.00 Filing Fee Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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 OF

J Alonso	UC.			_	
(Name of the Limited) (A	Liability Company as it now a Florida Limited Liability Comp	appears on our record pany)	<u>ls.</u> )		
The Articles of Organization for this Limited Liab		on 9/23/	14 and	d assigr	ned
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liability compa	nny here:			
The new name must be distinguishable and contain the word	s "Limited Liability Company.	" the designation "LLC	" or the abbreviation	n "L.L.(	<u></u>
Enter new principal offices address, if applicable	le:				
(Principal office address MUST BE A STREET /	ADDRESS)				
	<del> </del>				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u></u>			6	
			-	- 6	<del></del>
				N <sub>2</sub>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		ss on our record	s, enter the na		the nev
registered agent and of the new registered once	c address nere.		1. 1.4.4.	PH (	: (
Name of Nam Desigtand Assets				ι;; Ο	``
Name of New Registered Agent:				<del>- • • • • • • • • • • • • • • • • • • •</del>	<del></del>
New Registered Office Address:					<del></del>
	Eni	ter Florida street addre	SS		
		, F	lorida		
	City		Zip (	:ode	

## 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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Carla Mirabile	3644 S Ridge Cir	NAdd
		3644 S Ridge Cir Titusville, FL 32791	□ Remove
			☐ Change
<del></del>			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change  Add The Remove
	<del></del>		Change O6
			□ Remove
			Change
<u></u>			□ Add
			Remove
			Change

,-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	Sept 24th, 2015.
	Signature of a member or authorized representative of a member
	Jaron Marco
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00