114000158451

(Red	questor's Name)	
(Ade	dress)	
(7.0.	u.000,	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700305816267

12/29/17--01009--010 **25.00



S. WARREN DEC 2 9 2017

COVER LETTER

TO: Registration Section Division of Corporate			
SUBJECT:	Name of Limit	C ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	JAVI	ER ESCLAS Name of Person	ans
		JEEG LLC Firm/Company	
	1775	BLOUNT 72D	# 404
	POMPANO	City/State and Zip Code	33069
	E-mail address: (b	o be used for future annual report	notification)
For further information cond	erning this matter, please ca	H:	
SAVien Name of Pe	ESCHASANS	at (<u>754</u>) <u>252</u> Area Code Day	2.4515 rtime Telephone Number
Enclosed is a check for the f	ollowing 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:

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

	· LLC				
(Name of the Limited Lia (A Flo	bility Company as it rida Limited Liability	Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number		filed on	1.04.2	©l7 _{and as}	signed
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the l	mited liability co	ompany here:			
The new name must be distinguishable and contain the words "I	Limited Liability Con	npany," the designation	ntion "LLC" or the	abbreviation "L	.IC."
Enter new principal offices address, if applicable:			<u> </u>	···	
(Principal office address MUST BE A STREET AD	DRESS)			- 0	·
				C 29 PN	
Enter new mailing address, if applicable:	 		······································	· *	· [/]
(Mailing address MAY BE A POST OFFICE BOX)				2	
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	gistered office a ddress here:	ddress on our	records, ente	r the name	of the no
Name of New Registered Agent:	Canter	1 R. Se	Sant C	·	
New Registered Office Address:	19671		5th NE.		
	Mian	Enter Florida st U	reet address , Florida _	3301	5·
	Ci	ψ.		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
MGR	JAVIER ESCHASANS	1775 BLOUNT TZD # 404	□ Add
		POMPANO BEARN, FT. 33069	□ Remove
			_ X Change
15	ETMEN VICENTA GONZAGE	1775 BLOUNT RD # 404	🗆 Add
		HOMPANO BENCH, Fr. 33065	Remove
			Change
			🗆 Add
			☐ Remove
			_ Change
			_□ Add
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
			Change
			1:
			EleRemove

		
_	 - 	
_		
_		
		_
_		
_		
		•
ectiv	date, if other than the date of filing: 12 2017 (optional)	
ienec	ve 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 605.0
umei	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not 's effective date on the Department of State's records.	be listed
recc	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlie
ne 9	Ith day after the record is filed.	
,	DECEMBED DE THE DO 15	
ed _	DECEMBER 26th . 5017	
	1 m 4 40 as 1 9 - E	
	Signature of a member or authorized representative of a member	— <u>; </u>
	Section 19 and 1	3
	JAVIET ESCIASANS. Typed or printed name of signee	E D

Page 3 of 3

Filing Fee: \$25.00