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2014 DEC 30 PH 4: 49
SECRETARY OF STATE



EFFECTIVE DATE 123114

COVER LETTER

TO:	Registration Division of	on Section f Corporations			
		C of Florida LLC			
SUBJI	CI:	Name of Limited Liability Company			
The en	closed Article	es of Amendment and fee(s) are submitted for filing.			
Please	return all corr	respondence concerning this matter to the following:			
		Juan C Bolivar			
		Name of Person			
	•	JC&C of Florida LLC			
	_	Firm/Company			
		21055 NE 37th Avenue, Apt 2303			
		Address			
		Aventura, FL 33180			
		City/State and Zip Code	TACE !	2014 DEC 30	enega-
		E-mail address: (to be used for future annual report notification))EC	-
For fur	ther informati	tion concerning this matter, please call:	ARY SSE	မ	
Rich	ard C. Kos	skey 404 593-8890	S 40	¥	
	Na	ame of Person Area Code Daytime Telephone Number	TATE DRIDE	67 :1	
Enclos	ed is a check	for the following amount:			
■ \$2	5.00 Filing Fe	Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status & opy		

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

JC&C of Florida LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Conference 400267518224	mpany were filed on December 17, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
The new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2014 DEC 3
		10 Y
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, <u>enter</u> ess here:	the name of the n
	ters.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	_ , Florida _	
	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

Page 1 of 3



- If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address** Type of Action Jaime Bolivar 1815 10th Avenue North Ste A MGR ■ Add Lake Worth, FL 33461 ☐ Remove □ Add ☐ Remove □ Add ☐ Remove Remov □ Add □ Remove ☐ Add _□ Remove

Effective date, if other than the date of filing. The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	e of receipt or filed date and cannot be more than 90 days after
Dated December 29	2014
	ad C. Kontan
	nember or authorized representative of a member
Richard C. Koskey	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

