

**L15000018149**  
H160001970593  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : TINTOS INTERNATIONAL LLC  
Account Number : I20150000069  
Phone : (407) 731-4498  
Fax Number : (407) 992-7123

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: sustaxes@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
A & JN ENTERPRISE LLC**

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2016 AUG 10 PM 4:30

TALLAHASSEE, FLORIDA

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16 AUG 10 AM 8:58

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8/11/16 ps

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H160001970593

A &amp; JN ENTERPRISE LLC

(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 01/30/2015 and assigned  
Florida document number L15000018149

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

N/A

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

HI160001970593

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>	<u>Type of Action</u>
MGR	MORALES, NOEL	1914 Marsh Hawk Dr	<input checked="" type="checkbox"/> Add
		Orlando, Fl 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MORALES, NOEL	2317 Chatham Place Dr	<input type="checkbox"/> Add
		Orlando, Fl 32824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIAZ, JOXYMMAR	1914 Marsh Hawk Dr	<input checked="" type="checkbox"/> Add
		Orlando, Fl 32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIAZ, JOXIMMAR	1914 Marsh Hawk Dr	<input type="checkbox"/> Add
		Orlando, FL 32837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

NOEL MORALES, MANAGER

Typed or printed name of signee