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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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SECRETARY OF STATE,

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	JAGUEYCI	H LLC		
SUDJ	EC1:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		IVAN ALVAREZ		
			Name of Person	
		JAGUEYCH LLC		
			Firm/Company	· * · · · · · · · · · · · · · · · · · ·
		7465 SW 8 ST		
			Address	
		MIAMI, FL 33144		
		iacfinancialworld@gmail.co	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	orther information c	oncerning this matter, please ca	all:	
IVAN	ALVAREZ		786 431-1666 at ()	
	Name o	f Person		Telephone Number
Enclo	sed is a check for th	ne following amount:		
= \$2	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

JAGUEYCH LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	my were filed on 1/22/2015	and assigned
Florida document number L15000019462		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Teo B
B. If amending the registered agent and/or registered	office address on our records.	enter the name of the ine
registered agent and/or the new registered office address l	<u>iere</u> :	E FLORESTA
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
	, Flor	ida 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>	Name	<u>Address</u>	Type of Action
MGR	GABRIELA CASANOVA	52 W 42 ST, HIALEAH FL 33012	Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			
			□ Remove
			Change
		4816447-007-00	Remove
			Change
			Add
			□ Remove
			☐ Change

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lf an c ffe <u>Note:</u>	ve date, if other than the date of filing:
ie rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	0/22/2019

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00