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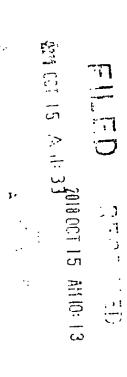
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COVER LETTER

то:	Registration Sec Division of Corp				
SUBJE	ст: <u></u>	Ponlenegro Pa	Ims & NUSARY (ted Liability Company	Group LLC	
The enc	losed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please r	eturn all correspon	dence concerning this matter t	o the following:		
		Jua	Montenegro Name of Person	<u>)</u>	
			Firm/Company		
		8124 N	N 163 Terr Address		
		Miamila	JUS, FL 330 City/State and Zip Code	10	
		E-mail address: (to	be used for future annual report notific	ation)	
For furt	ner information cor	ncerning this matter, please cal	II:		
	Name of	Person	at (<u>786)</u> <u>865-6</u> Area Code Daytime		-11
Enclose	d is a check for the	following amount:		5 >	777
\$25	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

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 Montenegro F (Name of the Limited Liability (A Florida I.	Company as it now appears on our records.) Limited Liability Company)	LLC
The Articles of Organization for this Limited Liability Con Florida document number <u>US00074078</u>	mpany were filed on 4 27 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registeregistered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida 7	T. 1. 5 \ \ \ 1. 33
	City	Zip Code
hereby accept the appointment as registered agent an rovisions of all statutes relative to the proper and concept the obligations of my position as registered age sing filed to merely reflect a change in the registered ompany has been notified in writing of this change.	nd agree to act in this capacity. I further agre inplete performance of my duties, and I am fa ent as provided for in Chapter 605, F.S. Or, i office address, I hereby confirm that the limi	miliar with and f this document is ited liability
	If Changing Registered Agent, Signature of New Reg	istered 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	Address	Type of Action
MGRM	Juan Montenegro	8124 NW 163 Terr	🗖 Add
		Miamilakes, FL 33010	Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			<u>خ</u> ے Add
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amending any other info	,				•
		 			
					
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ective date, if other than	the date of filing:	;	tiling or more than 9	(optional)	Pursuant to 605 ft
te: If the date inserted in the cument's effective date on t	nis block does not me	eet the applicable statu			will not be listed
cument's effective date on t	ne Department of Sta	ate's records.			
record specifies a del	aved effective de	eta hut not an aff	activa tima at	· 12:01 a.m. /	ಳ ಈ on the earlier
The 90th day after the		rec, but not an en	cctive time, at	. 12.01 6.111. 1	on the earner
ted 10/8/18					
ted 10 10 1	· · · · · · · · · · · · · · · · · · ·				
	 م	100			
	Signature of a mo	ember or authorized repr	esentative of a mem	ber	
		Typed or printed name of			

Page 3 of 3

Filing Fee: \$25.00