

10/23/2015

L15000090101

Division of Corporations

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 : MARTIN ACCOUNTING & TAX SERVICE, INC
Account Number : I20060000012
Phone : (305)826-5886
Fax Number : (305)722-0535

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

Email Address: _____

2015 OCT 26 AM 8:51

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

15 OCT 26 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALMADUAN JCA, LLC**

Certificate of Status	0
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Corporate Filing Menu

Help



October 26, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MARTIN ACCOUNTING

SUBJECT: ALMADUAN JCA, LLC
REF: L15000090101

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

What type of Action for Lucia?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Naysa Culligan
Regulatory Specialist II

FAX Aud. #: H15000254481
Letter Number: 815A00022552

RECEIVED

15 OCT 26 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2015 OCT 26 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALMADUAN JCA, 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 05/21/2015 and assigned
Florida document number L15000090101.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

12691 NW 32ND PL

(Principal office address MUST BE A STREET ADDRESS)

SUNRISE, FL 33323

Enter new mailing address, if applicable:

12691 NW 32ND PL

(Mailing address MAY BE A POST OFFICE BOX)

SUNRISE, FL 33323

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:

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

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	CRESCENZI, CLAUDIA	12691 NW 32ND PL	<input type="checkbox"/> Add
		SUNRISE, FL 33323	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CRESCENZI, LUCIA	2691 NW 32ND PL	<input type="checkbox"/> Add
		SUNRISE, FL 33323	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated OCTOBER 23 2015

Signature of a member or authorized representative of a member

CLAUDIA CRESCENSI

Typed or printed name of signee