

LIS 000 128567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

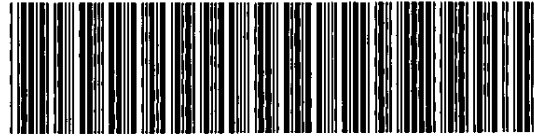
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/05/17--01026--029 **25.00

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17 JUN 12 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 13 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2017

JCM RESTAURANT GROUP, LLC
17 WESTWARD DRIVE
MIAMI SPRINGS, FL 33166

SUBJECT: JCM RESTAURANT GROUP, LLC
Ref. Number: L15000128567

We have received your document for JCM RESTAURANT GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L12000081148. JOURNEY MANAGEMENT GROUP, LLC.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 717A00009285

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JCM RESTAURANT GROUP, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GINA PELAEZ

Name of Person

Firm/Company

7680 W 7 Avenue

Address

Hialeah, FL 33014

City/State and Zip Code

ginac3@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GINA PELAEZ

at (305) 308.9886

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

JCM RESTAURANT GROUP, 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 7/28/2015 and assigned
Florida document number L15000128567.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7680 W 7 AVENUE
HIALEAH, FL 33014

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TALLAHASSEE, FLORIDA

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:

GINA PELAEZ

New Registered Office Address:

7680 W 7 AVENUE

Enter Florida street address

HIALEAH

City

, Florida 33014

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	MIRTHA CASASUS	17 WESTWARD DRIVE	<input type="checkbox"/> Add
		MIAMI SPRINGS, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	MIRTHA CASASUS	17 WESTWARD DRIVE	<input type="checkbox"/> Add
		MIAMI SPRINGS, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	MIRTHA CASASUS as Trustee	17 WESTWARD DRIVE	<input type="checkbox"/> Add
		MIAMI SPRINGS, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ERNIE PELAEZ	17 WESTWARD DRIVE	<input checked="" type="checkbox"/> Add
		MIAMI SPRINGS, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GINA PELAEZ	17 WESTWARD DRIVE	<input checked="" type="checkbox"/> Add
		MIAMI SPRINGS, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	GINA PELAEZ		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FLORIDA

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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

6/1/2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

17 JUN 12 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA