# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000146473 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : JP GLOBAL BUSINESS

Account Number : I20130000083 Phone : (305)436-0093 Fax Number : (305)436-0094

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONNOISSEURS WORLD LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu S Warren Help

JUN 1 7 2016

07:39 PDT

TO:18506176383 FROM:7862171243

Page:

(H16000146473 3)

### **COVER LETTER**

Division of Co			
CONNOL	SSEURS WORLD LLC		
obsect.	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JOEMILY HERNANDE2	:	
		Name of Person	4444 - 484 - 481 - 484 -
	JP GLOBAL BUSINESS	SOLUTIONS INC	
		Firm/Company	
	1395 BRICKELL AVE ST	ΓE 1380	
		Address	
	MIAMI, FLORIDA 3313	I	
		City/State and Zip Code	AND AS A COURT BOOK IN THE COU
	INFO@JPGBUSINESS.CO		
or further information	e-mail address: ( concerning this matter, please c	to be used for future annual report notified.	ication)
IOEMILY HERNAND	EZ	305 359 -3700	
Name	of Person	at ()	e Telephone Number
Enclosed is a check for	the following amount:		
\$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

06/16/2016

07:39 PDT

TO:18506176383

FROM: 7862171243

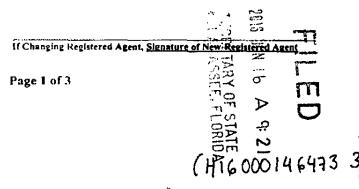
(H1600146473 43)

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONNOISSEURS WORLD LLC			
(Name of the Limited Liability Compa (A Fiorida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 01/07/2016	and assigned	
Florida document number L16000003143			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:	429 LENOX AVE		
(Principal office address MUST BE A STREET ADDRESS)	RESS) UNIT 425		
	MIAMI BEACH, FLORIDA 33139		
Enter new mailing address, if applicable:	429 LENOX AVE		
Mailing address MAY BE A POST OFFICE BOX	UNIT 425		
	MIAMI BEACH, FLORIDA 33139		
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		he name of the	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida	Zip Code	
New Registered Agent's Signature if changing Degistered Agent-	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.



07:39 PDT

TO:18506176383 FROM:7862171243

H16000146473 3)

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>	Address	Type of Action
MGR	MITOVA, VELICHKA S	429 LENOX AVE	
		UNIT 425	☐ Remove
		MIAMI BEACH, FL 33139	
MGR	MLADENOVIC, GORAN	429 LENOX AVE	Add
		UNIT 425	□ Remove
		MIAMI BEACH, FL 33139	☐ Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Add T
			ERemove Change
			FLORIDE PART
			Change.

6/2016	07:39 PDT	TO:18506176383	FROM:7862171243	Page: (H1600014
D. If an	nending any other info	rmation, enter change(s) here	: (Attach additional sheets, if nec	
	nyang dara yang yake yakena 1998 ti Syapilik ti Shegini yili yiliya ti hagila yalisi			
		A STATE OF THE STA		
		The state of the s		
			1983, Variation of the Communication of the Communi	
		1994 O 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	
			the state of the s	
(If an o <u>Note</u>	: If the date inserted in th	e must be specific and cannot be prior t	(opti o date of filing or more than 90 days after ble statutory filing requirements, thi	filing.) Pursuant to 605.0207
	ecord specifies a dela e 90th day after the		an effective time, at 12:01 a	a.m. on the earlier of:
Date	d	2016	<u> </u>	

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

MITOVA, VELICHKA S

(H16000146473 3)