LI6 0000 52982

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
	siness Entity Nar	ne)
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	and Normalian	
(00	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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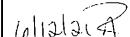
Office Use Only



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04/29/21--01014--014 **25.00

2021 EPT 29 PM 1: 23



COVER LETTER

TO;	Registration Sec Division of Corp			
SUBJE	СТ:	JERICOA Name of Lim	RA LLC ited Liability Company	·
The end	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspoi	idence concerning this matter	to the following:	
		Monipu	C HERZSTEIN Name of Person	_
		MCH CONS	OULTING USA-	
		20803 BISCI	YNE BLVD SU	ITE 440
		AVENTURF	FL 33180 City/State and Zip Code	
		FABRICE D MCL	ACONSULTINGUSA o he used for future annual report noti	COM fication)
For furt	her information co	ncerning this matter, please ca	11:	
FAE	Name of	RSTE N	at (486) 485 Area Code Daytim	5000 e Telephone Number
Enclose	d is a check for the	e following amount:		
20 S 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JERICOF		LC		
(<u>Name of the Limited Lin</u> (A Flo	ability Compan orida Linuted Li	y as it now appears	on our records.)	
The Articles of Organization for this Limited Liability	ty Company v			and assigned
This amendment is submitted to amend the following	3 :			
A. If amending name, enter the new name of the l	limited liabili	ity company hero	∷	
The new name must be distinguishable and contain the words "I	Limited Liabilit	y Company," the des	gnation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DREŞS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	Ž		 	
B. If amending the registered agent and/or registe agent and/or the new registered office address her		dress on our rec	ords, <u>enter the nam</u> e	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Elarie	a street address	 ســــــــــــــــــــــــــــــــــ
		13/11/1 10/14	. Florida	PH 1: 23
		City		Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent;			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	id complete p id agent as pr tered office o	performance of n rovided for in Cl	ny duties, and I am fo napter 605, F.S. Or,	amiliar with and if this document is

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>	Type of Action
AMBR	NONIQUE HERZSTEIN	20803 Biscayne Blvd #440	□Add
		20803 Biscayne Blvd #440 Aventura, FL, 33180	⊠ Remove
		·	□Change
m <u>GR</u>	ARNAUD SITBON	19950 West Country	X Add
		Club Drive Ste 800	□Remove
		Aventura, FL 33180	□Change
			□Add
			□Remove
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			[] Change

ective	date, if other than the date of filing:
effecti te: If	we 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ument	's effective date on the Department of State's records.
cord s _i s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after t
ed	04/26/2021.
	Signature of a prember of authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00