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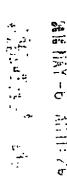
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COVER LETTER

	tration Section on of Corporations	
SUBJECT: _	PETIT JTCC LLC Name of Limited Liability Company	
	Name of Limited Liability Company	13. The state of t
		磁多
The enclosed A	uticles of Amendment and fee(s) are submitted for filing.	St. T.
Please return al	l correspondence concerning this matter to the following:	
	Jose C. Petit	es i
	Pet.TJTCC, LLC Firm/Company	
	1441 SW 155 ct. Minni, FC	
	Mitmi FL . 33194 City/State and Zip Code	
	,	
	Petittp@ Vahoo. Com E-mail address: (to be used for future annual report notification)	
For further info	rmation concerning this matter, please call:	
	Tose L. Petit at (786) 879 0661 Name of Person Area Code Daytime Telephone Number	
Enclosed is a ch	eck for the following amount:	
□ \$25.00 Filir	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &
	MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Petit JTCC	, LLC	
Name of the Limited Liability Compan (A Florida Limited Li	y as It now appears on o ability Company)	ur records.)
The Articles of Organization for this Limited Liability Company v	were filed onM	Ay 03, 2016 and assigned
Florida document number <u>L 16000087363</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
MA		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designa-	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1
(Principal office address MUST BE A STREET ADDRESS)		P/A
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		a/u
B. If amending the registered agent and/or registered offl		records, enter the name of the ne
registered agent and/or the new registered office address here:		
Name of New Registered Agent:	N/	Δ
New Registered Office Address:		
=======================================	Enter Florida stre	eet 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Jose L. Petit	1441 sw 155 ct	© ZAdd
		Miami, FL. 33194	□ Remove
			Change
AMBR	GARTANA M. Petit	1441 sw 155 ct	D-Add
		Miani, FL. 33194	Remove
			Change
			Add
			Remove
			Change
			Add
			D Remove
			Change
			□ Add
			Remove
			Change
			C Remove
			☐ Change

. "II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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Note:	five date, if other than the date of filing: [certive 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a cent's effective date on the Department of State's records.
he red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	May 07, 2019.
	Signature of a member of authorized peresentative of a member

Page 3 of 3

Filing Fee: \$25.00