## L160000 90155

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## COVER LETTER

Division of Co	rporations		
J.J. MOCA SUBJECT:			
30BJEC1.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert Sheldon		
		Name of Person	— <del>(</del>
	Law Offices of Robert She	eldon	
		Name of Person heldon Firm/Company  Address  City/State and Zip Code	
	3134 Coral Way		
		Address	
	Miami FL 33145		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	miami@immigralaw.com	to the first second second second	Carl
For further information c	oncerning this matter, please c	•	ireation)
Robert Sheldon		at (	
Name o	d Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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



August 16, 2017

ROBERT SHELDON LAW OFFICES OF ROBERT SHELDON 3134 CORAL WAY MIAMI, FL 33145

SUBJECT: J.J. MOCA LLC Ref. Number: L16000090155

We have received your document for J.J. MOCA 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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

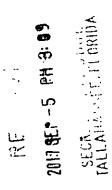
The registered agent must sign accepting the designation.

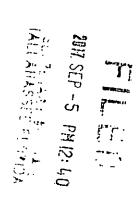
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris Regulatory Specialist II

Letter Number: 817A00016843





## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liab</u> i (A Florid	ility Company da Limited Li	y as it now appears on our r ability Company)	ecords.)		
The Articles of Organization for this Limited Liability Florida document number L16000090155	vere filed on May 9th 201	6	_ and assi	gned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liabili	ity company here:			
The new name must be distinguishable and contain the words "Lin	mited Liability	y Company," the designation	"LLC" or the abbrev	riation "L.L.	C."
Enter new principal offices address, if applicable:		8300 NW 53rd Street		<b>170</b>	
(Principal office address MUST BE A STREET ADD	RESS)	Suite 350	. <u>-</u> ,-		121.5-
		Doral, Florida 33166		טַּיַבְּי	with the same of t
			<u>۔</u> ن	<u> </u>	ye was
Enter new mailing address, if applicable:		8300 NW 53rd Street		<u>, " zō</u>	14 1 14 1
(Mailing address MAY BE A POST OFFICE BOX)		Suite 350	-	·	<b>*</b>
		Doral, Florida 33166	- -	0.4	
B. If amending the registered agent and/or registered agent and/or the new registered office ad	<u>dress here</u> :	Doral, Florida 33166	eords, <u>enter the</u>	6	of the
Name of New Registered Agent: Law	Law Offices of Robert Sheldon, LLC				
New Registered Office Address: 3134	l Coral Way				
		Enter Florida street a	ddress		
Miar	mi		_, Florida <u></u>		
		City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

J.J. MOCA LLC

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>	Address	Type of Action
P	VIVAS PEREZ, JHONNY J	8300 NW 53rd Street Suite 350	Add
		Doral, Florida 33166	□ Remove
			<b>□</b> Change
VP	SALAMANCA, MONICA	8300 NW 53rd Street Suite 350	
		Doral, Florida 33166	Remove
			☐ Change
AMBR	INVERSIONES VEGA 2017 CA	Av Circunvalacion Del Sol	<b>■</b> Add
		Santa Paula, El Cafetal, Caracas	□ Remove
		Venezuela	□ Change
			□ Remove
			Change
			Add  Remove
			☐ Change

	ng any other information, enter change(s) here: (Attach additional sheets		
_			
te: If the current of	date, if other than the date of filing:  ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 the date inserted in this block does not meet the applicable statutory filing requirem is effective date on the Department of State's records.  d specifies a delayed effective date, but not an effective time, at 0th day after the record is filed.	nents, this date will not be liste	ed a
ted	Agrist 02, 2017.	=-	
	Signature of a member or authorized representative of a memb	oer	
	Signature of a monitor of a monitor of a monitor	Ser	!
	T;	<b>*</b>	
	Thonny 1, v 0, 5  Typed or printed name of signee	<u></u> 5	
	Thonny J. v. G. Typed or printed name of signee	ಲಾವೈ ⊢	

Filing Fee: \$25.00