

L160000 90155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

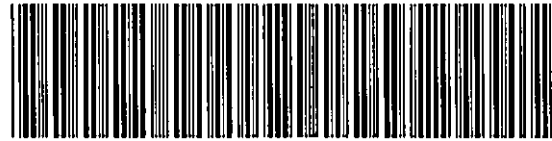
(Business Entity Name)

(Document Number)

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2017 SEP -5 PM 12:40
TALLAHASSEE, FLORIDA

SEP 06 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J.J. MOCA 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:

Robert Sheldon

Name of Person

Law Offices of Robert Sheldon

Firm/Company

3134 Coral Way

Address

Miami FL 33145

City/State and Zip Code

miami@immigralaw.com

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

For further information concerning this matter, please call:

Robert Sheldon

305 529 8880

at ()

Name of Person

Area Code

Daytime 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

REF
2017 SEP -5 PM 3:09
SECY
TALLAHASSEE, FLORIDA

FILED
2017 SEP -5 PM 12:40
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

J.J. MOCA 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 May 9th 2016 and assigned Florida document number L16000090155.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8300 NW 53rd Street

Suite 350

Doral, Florida 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8300 NW 53rd Street

Suite 350

Doral, Florida 33166

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:

Law Offices of Robert Sheldon, LLC

New Registered Office Address:

3134 Coral Way

Enter Florida street address

Miami

City

Florida 33145

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>
P	VIVAS PEREZ, JHONNY J	8300 NW 53rd Street Suite 350	<input type="checkbox"/> Add
		Doral, Florida 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	SALAMANCA, MONICA	8300 NW 53rd Street Suite 350	<input type="checkbox"/> Add
		Doral, Florida 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	INVERSIONES VEGA 2017 CA	Av Circunvalacion Del Sol	<input checked="" type="checkbox"/> Add
		Santa Paula, El Cafetal, Caracas	<input type="checkbox"/> Remove
		Venezuela	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 SEP -5 PM 12:40
 ADD REMOVE CHANGE
 ADD REMOVE CHANGE

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

Multiple horizontal lines for amending information.

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 August 02, 2017.

Signature of a member or authorized representative of a member

Johnny Ivas
Typed or printed name of signee

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TAM
ARLASS
FLORIDA

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