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NEUTH NESSEE, FLORIDA

K. SALY EXAMINER

AUG 24 -

COVER LETTER

TO:	Registration Sec Division of Cor			
CHDII	JG PROPEI	RTIES EMPIRE LLC		
SUBJI	SCI:	Name of Limi	ted Liability Company	<u> </u>
The en	closed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please	return all correspo	ndence concerning this matter (to the following:	
		Jose Garcia		
			Name of Person	
			Firm/Company	
		7630 CORAL DR		
			Address	
		WEST MELBOURNE, FL	. 32904	
			City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Jose C			at () 557-7330 Area Code Daytime	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 AUG 22 PH 1: 32

SECRETARY OF STATE

ALLAHASSEE, FLORIDA

JG PROPERTIES EMPIRE 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 L Florida document number <u>L16000146746</u>	iability Company were filed on	and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company her	<u>re</u> :
The new name must be distinguishable and contain the v	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	
B. If amending the registered agent and registered agent and/or the new registered o		our records, enter the name of the new
Name of New Registered Agent:	Jose Garcia	
New Registered Office Address:	7630 CORAL DR	
	Enter Flori	da street address
	WEST MELBOURNE	, Florida 32904
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jose Garcia	7630 CORAL DR	□ Add
		WEST MELBOURNE, FL 32904	☐ Remove
			Change
			Add
		: '	□ Remove
			□ Change
			□ Add
			Remove
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ctive date, if other the	an the date of fili	08/17/2016	at a of filling on more than	(optional)) Pursuant to 605.07
e: If the date inserted in	n this block does not	t meet the applicable	statutory filing requi	rements, this date	will not be listed
iment's effective date o	on the Department of	i State's records.			
ecord specifies a d			n effective time,	at 12:01 a.m.	on the earlier
ne 90th day after t					
ed		2016			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00