

L14000150517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

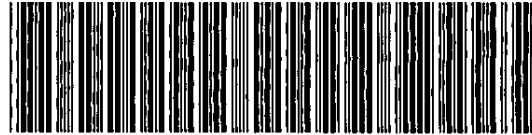
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300299349213

05/17/17--01026--012 **25.00

FILED
17 MAY 17 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
MAY 18 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JC & C 16, 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:

NATALIA A HERNANDEZ

Name of Person

CMP INTERNATIONAL CONSULTANTS INC

Firm/Company

10570 NW 27TH ST SUITE 103

Address

DORAL, FL 33172

City/State and Zip Code

INFO@CMPINTERNATIONAL.BIZ

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

For further information concerning this matter, please call:

NATALIA A HERNANDEZ

786 503-5080
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

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

JC & C 16, 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 08/11/2016 and assigned
Florida document number L16000150517.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

10570 NW 27TH ST SUITE 103

DORAL, FL 33172

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10570 NW 27TH ST SUITE 103

DORAL, FL 33172

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:

CMP INTERNATIONAL CONSULTANTS INC

New Registered Office Address:

10570 NW 27TH ST SUITE 103

Enter Florida street address

DORAL

, Florida

33172

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE GIMENEZ SR	175 SW 7 ST SUITE 2011	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARMEN LYNCH	10570 NW 27TH ST SUITE 103	<input checked="" type="checkbox"/> Add
		DORAL, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

12 MAY 17 AM 11:51
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the page.

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.

(b) The 90th day after the record is filed.

2017

Signature of a member or authorized representative of a member

JOSE GIMENEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
17 MAY 17 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA