## 46000179509

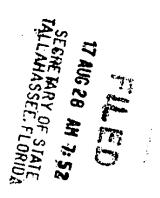
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300302876163

08/28/17--01031--025 \*\*25.00



AUG 29 2017 J SHIVERS

## **COVER LETTER**

	PONCE JIJ	ON LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		<del></del>	Name of Person	
		PONCE JIJON LLC		
			Firm/Company	
		14100 PALMETTO FROM	NTAGE RD STE. 390A	
			Address	
		MIAMI LAKES, FL 3301	6	
			City/State and Zip Code	
		rmancheno@hmh.com.ec	to be used for future annual report notific	eation)
For further i	information c	oncerning this matter, please ca	·	
	GONZALEZ	J ,	954 632-1272	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	he 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

PONCE JIJON LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li Florida document number L16000179509	ability Company	were filed on 09/26/2016	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applications	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/registered agent and/or the new registered of	or registered o		ter the name of the new
Name of New Registered Agent:	N/A	- (gamenta)	SEGRA SEGRA
New Registered Office Address:		Enter Florida street address . Florida	ASSEE AND ASSEE
	<del></del>	City	Zip Code
New Registered Agent's Signature, if changing F	Registered Agent:	1	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regi- being filed to merely reflect a change in the t	er and complete stered agent as	performance of my duties, and I opposed to provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

company has been notified in writing of this change.

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>	Type of Action
AR	JAIRO COY	14100 PALMETTO FRONTAGE	<b>a</b> Add
		STE 390A	□ Remove
		MIAMI LAKES, FL 33016	☐ Change
AMBR	ROBERTO F MANCHENO	14100 PALMETTO FRONTAGE	
		STE 390A	Remove
		MIAMI LAKES, FL 33016	☐ Change
			□ Remove
			Change
			Add
			□ Remove
			Change
<u> </u>			□ Add
			Remove
			☐ Change
			Remove
			Change

,			-
			-
			-
			_
			_
			-
			-
			=
	A S	3	-
	<u>`</u>	7 No	- ************************************
	ASSE	ಹ _ <b>ಲ್ಲ</b> _	. Kamer
	Fr.s.	- <del>5</del>	had 1 th
	FLORID.	1691 1898	- Simple
	<del></del>		=
			-
			_
Effective date, if other than the date of filing:  August 23, 2017  If an effective date is listed, the date must be specific and council be prior to date of filing.	(* .42		
If an effective date is listed, the date must be specific and cannot be prior to date of filin Note: If the date inserted in this block does not meet the applicable statutor	(optional) ng or more than 90 days after filing.) Pursi	uant to 605	5.0207 (3
document's effective date on the Department of State's records.	y ming requirements, this date with h	iot oc iist	.cu as m
	1) 1) 12.01 11		
he record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	tive time, at 12:01 a.m. on ti	ne earii	er or:
AUGUST 23 /2017			
Dated Access 23			
90/01/			
Signature of a member or authorized represe	entative of a member		
ROBERTO F MANCHE	NO		
Typed or printed name of sig	gnee		

Page 3 of 3

Filing Fee: \$25.00