116000220550

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17 AUG -3 AHTI: 54 DIVISION OF CHELORATIONS

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COVER LETTER

Registration Section
Division of Corporations

	AB ROAD IS LLC		
SUBJECT:	Name of Lim	ited Liability Company	1
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	į
	JAVIER A SOLA		
		Name of Person	
	4501 MCNAB ROAD JS	LLC	İ
		Firm/Company	
	3087 SW 139TH AVENU	Е	
		Address	
	MIRAMAR, FL 33027		
		City/State and Zip Code	ytime Telephone Number S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) URIER ADDRESS: ection proporations
	javiersolajr@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Javier A Sola		954 512-9637 at ()	
Name c	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n : ations :

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4501 MCNAB ROAD JS LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L16000220550</u>	pany were filed on 12/06/2016	and assigned
This amendment is submitted to amend the following:	l	
A. If amending name, enter the new name of the limited	liability company here:	
4501 MCNAB ROAD JS LLC		
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 ADDRES	<u></u>	- T
		TILE -3 AH
	ı	8 7 W
Enter new mailing address, if applicable:	<u></u>	2 7
(Mailing address MAY BE A POST OFFICE BOX)		11:54
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		r the name of the new
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, and I an t as provided for in Chapter 605, F.S. O	n familiar with and r, if this document is
Īf	f Changing Registered Agent, <u>Signature of New</u>	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:

1

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Priscilla Cisneros	3087 SW 139TH AVENUE	□ Add
		MIRAMAR, FL 33027	□ Remove
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			☐ Remove
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					01/01
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					- Topic
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		7/28/2017			·
Effective date, if other than the first office of the date is listed, the date in	ne date of filing:		ate of filing or more	than 90 days after fil	
Note: If the date inserted in this document's effective date on the	block does not mee	et the applicable			
ne record specifies a delay The 90th day after the re		te, but not a	n effective tim	e, at 12:01 a.r	m, on the earlier of:
Dated July 27		2017			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signce