LI7000001827

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TO: Registration Section Division of Corporations

JPTB LLC

SUBJECT: _____

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:

Maria M. Calderon, Esq.

Name of Person

LAW OFFICE OF VALERIA SCHVARTZMAN, P.A.

Firm/Company

12550 BISCAYNE BLVD, SUITE 406

Address

NORTH MIAMI, FL 33181

City/State and Zip Code

mariamartacalderon@gmail.com

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

305

Area Code

at (____

974 - 0114

For further information concerning this matter, please call:

Maria M. Calderon, Esq.

Name of Person

Enclosed is a check for the following amount:

X \$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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JPTB 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 $\frac{01/03/2017}{2}$ and assigned Florida document number 1.17000001827

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

		5	2020 DE	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			<u>-</u>	
B. If amending the registered agent and/or registered of	office address on our records, <u>enter the n</u>	ame of t	⊐r: <u>he≣ev</u> ∾	() v registered
agent and/or the new registered office address here:			7	G.P.
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Florida			
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	PAUL GUILOFF	12550 BISCAYNE BLVD, SUITE 406	🖬 Add
		NORTH MIAMI, FL 33181	🗆 Remove
		·	Change
			🗋 Add
			Remove
			Change
			🗆 Add
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			🗆 Remove
			Change

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e date, if other than the date of filing:	(optional)

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

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E. Eff 07 (3)(b) (lfa 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: (h) The 90th day after the record is filed.

Dated	ember	<u> </u>	2020		
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				UFF, MANAGE	
			Typed or prilite	d dame/of signee	