## L17000005313

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## **COVER LETTER**

TO

TO:	Registration Sec Division of Corp			
emb ie	·CT.	JC Master, LLC		
SUBJE		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		Jorge C		
			Name of Person	
		JС М	aster, LLC	
			Firm/Company	د م
		4264 NW 1		
			Address	·'.
		Deerfiel	d Beach, FL 33442	
			City/State and Zip Code	- :
		jcayo1961@ E-mail address: (	gmail.com to be used for future annual report notification)	<del></del>
For furt	her information co	ncerning this matter, please c	all:	
	Alicia Brown		at / 954 \ 596-9966	
	Name of	Person	Area Code Daytime Telephone	Number
Enclose	ed is a check for the	: following amount:		
Œ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) C	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address Registration Se Division of Co P.O. Box 6327 Tallahassee, F	ection prporations	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	e

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC Master, LLC

	d Liability Company as it now appe A Florida Limited Liability Company	)	
The Articles of Organization for this Limited Lia	ability Company were filed on _	01/06/2017	and assigned
Florida document numberL17000005313	·		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company l	<u>here</u> :	
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ible:		
Principal office address MUST BE A STREET	TADDRESS)		
		•	
Inter new mailing address, if applicable:	•		
Mailing address MAY BE A POST OFFICE B	 BOX)	:	
			ا بيا
			•
		<u>.</u>	
		records, enter the nan	ne of the new reg
		records, enter the nan	ne of the new reg
gent and/or the new registered office address		records, enter the nam	
gent and/or the new registered office address  Name of New Registered Agent:			
gent and/or the new registered office address	s here:  4264 NW 1st Drive		
Name of New Registered Agent:	s here:  4264 NW 1st Drive	orida street address	
<del></del>	4264 NW 1st Drive		; -

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
		<del></del>	□Add
			□Remove
			Change
	-		□ Add
		<del></del>	Remove
<del></del>			
			□ Remove
			Change
			□ Add
			□Remove
			Change
			□Remove
			□Change
			□Add
		<u></u>	□Remove
			Change

If amending a	ny other information, e	nter change(s) here	: (Attach additional	sheets, if necessary.)	
		<u> </u>			
			<u> </u>		<del></del>
	·				
			·		
	· <u>-</u>				
<del></del>					
					· .
				<del> </del>	
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Note: If the dat	if other than the date of is listed, the date must be specie inserted in this block doctive date on the Department.	es not meet the applica	o date of filing or more the	(optional) nan 90 days after filing.) P quirements, this date wi	ursuant to 605.0207 ( Il not be listed as t
e record specific rd is filed.	s a delayed effective date, l	but not an effective tir	ne, at 12:01 a.m. on th	e earlier of: (b) The S	Oth day after the
Dated	Sept 3	2890	<del>_</del>		
	_	frun	7		
	Signatu	re of a member or autho	rized representative of a	member	