Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AJ ACCOUNTING SERVICES, INC.

Account Number : I20110000092 Phone : (305)448-9584

Fax Number : (305)448-9569

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	:_
-HIGTT	Man 633	٠.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JACEK PROPERTY ASSETS LLC.

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Helpy. HARRIE

Registration Section

TO:

COVER LETTER

Division of Co	rporations		
JACEK PE SUBJECT:	OPERTY ASSETS LLC.		
UBJEC1.	Name of Limit	ed Liability Company	_
The enclosed Articles of	f Amendment and fee(s) are subn	nitted for filing.	
lease return all corresp	ondence concerning this matter t	o the following:	
	MELISSA ROSADO COR	zo	
		Name of Person	
		Firm/Company	
	15860 SW 102 AVE		
		Address	
	MIAMI, FL 33157		_
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please or	મો:	
MELISSA ROSADO (CORZO	305 7530815	
Namo	of Person	Area Code Daytin	e Telephone Number
Enclosed is a check for	the following amount:		TI 6 (0.00 Fill Fa-
S25.00 Filing Fee	S30.00 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)
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 266! Executive C Tallebassee, FL 3	on orations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JACEK PROPERTY ASSETS LLO				_
(Name of the Limit	ed Liability Company (A Florida Limited Liab	as it now appears on our record bility Company)	<u>(r.)</u>	
The Articles of Organization for this Limited L	iability Company w	ere filed on 01/17/2017	and	d assigned
Florida document number L17000012042				
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabili	ty company here:		
The new name must be distinguishable and contain the	vords "Limited Liability	· Company," the designation "LLC	C" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applic			— ,	-2
(Principal office address MUST BE A STRE)				=======================================
Transpar office data extendity 1917 1917			<u>≯</u> ≞ #□	AU
			332	1 1 manuary
Enter new mailing address, if applicable:			- 173 c	
(Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>	•
				<u>C7</u>
B. If amending the registered agent and registered agent and/or the new registered of	ffice address here:		is, enter the v	ame of the ne
Name of New Registered Agent:	MELISSA ROSA	DO CORZO		
New Registered Office Address:	15860 SW 102 A	VE Enter Florida street addre	ess	
	MIAMI		Florida 33157	Code
		Сйу	C.P	~~ ~

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

Title	<u>Name</u>	Address	Type of Action
MGR	JACINTO CORZO	15860 SW 102 AVE	DAdd
		NIIAMI, FL 33157	_ ■ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			Change CO
		_	CO PAdd
			El Add P
			☐ Change

Effective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursiant to 605.026 hote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records.					ot an effective		Diamonth	e earlier o
Effective date, if other than the date of filing:	Note: If the d	ate inserted in th	is block does not	meet the applic	capic stamiory iiin	g requirements	, this date will or	of be listed as
Li.	Effective dat	e, if other than te is listed, the date	the date of fili	ng; nd cannot be prior	to date of filing or n	ore than 90 days	optional) arter filing.) Pursu	ant to 605,020
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Filing Fee: \$25.00