

L17000037066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

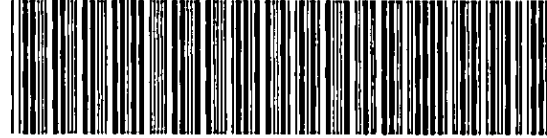
(Business Entity Name)

(Document Number)

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J. LEGGETT  
DEC 22 2017

FILED  
17 DEC 22 PM 1:19  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jaimes Carvajal LLC  
Name of Limited Liability Company

Enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edwin Jaimes Carvajal  
Name of Person

\_\_\_\_\_  
Firm/Company

13585 NW 9 CT  
Address

Pembroke Pines FL 33028  
City, State, and Zip Code

edwinjaimesc@outlook.com  
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

Edwin Jaimes Carvajal  
Name of Person

954  
Area Code

251 8532  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$99.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certificate of Status

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certificate of Existence

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6377  
Tallahassee, FL 32316

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2601 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Jaimes Canvaal LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 2/15/2017 and assigned  
Florida document number L17000037066

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and or the new registered office address here:

Name of New Registered Agent

New Registered Office Address:

Enter Florida street address

City

Florida

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.*

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:

Menu Manage

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>           | <u>Address</u>          | <u>Type of Action</u>                   |
|--------------|-----------------------|-------------------------|-----------------------------------------|
| MG-12        | Elias Teixeira Vieira | 13585 NW 9 CT           | <input checked="" type="checkbox"/> Add |
|              |                       | Pembroke Pines FL 33028 | <input type="checkbox"/> Remove         |
|              |                       |                         | <input type="checkbox"/> Change         |
|              |                       |                         | <input type="checkbox"/> Add            |
|              |                       |                         | <input type="checkbox"/> Remove         |
|              |                       |                         | <input type="checkbox"/> Change         |
|              |                       |                         | <input type="checkbox"/> Add            |
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|              |                       |                         | <input type="checkbox"/> Change         |
|              |                       |                         | <input type="checkbox"/> Add            |
|              |                       |                         | <input type="checkbox"/> Remove         |
|              |                       |                         | <input type="checkbox"/> Change         |

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

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17 DEC 22 PM 1:19  
CLERK OF SUPERIOR COURT  
JANUARY 1, 2018

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
If 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. Pursuant to 0656207 (3.6.b)  
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:  
(1) The 90th day after the record is filed.

Dated December 5

2017

Signature of a member or authorized representative of a member

EDWIN JAMES CARROLL