Fax: (877) 503-6086

Fax: (850) 617-6383 Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FANJUL CPA, INC.

Account Number : 120130000039

: (305)244-0769 Fax Number : (877)503-6086

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

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JLM INNOVA CONSULTANTS LLC

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D. SCOTT

APR 12 20. 1/1

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JLM INNOVA CONSULTANTS LLC	in the second se	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/06/2017	and assigned
Florida document number L17000052095	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	illty company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	MAN Annual A	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		AM T
Enter new mailing address, if applicable:		Mg - D
(Mailing address MAY BE A POST OFFICE BOX)		75 <b>6</b>
		<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	, Flori	
	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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

-rame	Robert	Cartest
TIME TO SERVICE STATES	KUDBIL	ramur

Fax: (877) 503-6086

To:

Fax: (850) 817-6383

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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>	Name	Address	Type of Action
MGR	LEONARDO MORALES	340 WEST FLAGLER ST # 406	<b>⊒</b> Add
		MIAMI, FL 33130	□ Remove
			Change
		738	
	•		□ Removc
			Change
			= PA
			CONFERENCE T
			数第三人
			Change C
			□ Remove
			Change
·		iya k isti	
			□ Remove
			Change
			□ Add
			□ Remove
			Change

n: Robert Fanjul	Fax: (877) 503-6086	To:	Fav: (850) 617-6383	Page 4 of 4 04/11/2017 12:01 PM
D. If amendi	ing any other informati	ion, enter change(s) here	: (Attach additional sheets,	if necessary.)
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E. Effective of	iate, if other than the d	late of filing:		(optional) ys after filing.) Pursuant to 605.0207
Note: If the	e date inserted in this bloc	be specific and cannot be prior to ok does not meet the application partment of State's records.	o date of filing or more than 90 da ble statutory filing requiremen	ys after filing.) Pursuant to 605.0207 hts, this date will not be listed as
If the record	specifies a delayed of the day after the record	effective date, but not	an effective time, at 12	::01 a.m. on the earlier of
Dated	RILII		_•	
	- lesus			
	71 5	ignature of a member or author	ized representative of a member	

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