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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Name of Lim	OlleCTIVE LL ( ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	M	urcelo Roneio Name of Person	
		VUJaZZ LONGCY,	no 111.
	/ (	0381 SW 69 1000 Address	٤
	<u>N</u>	City/State and Zip Code	33173
	NV 3 W2 E-mail address: (i	2(0)12(1)12(0) 9 ma') to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
Mariel v Name	Romero of Person	at ( 736 ) 521  Area Code Daytin	- 7247 ne Telephone Number
Enclosed is a check for t	the following amount:		
🕱 \$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)

## MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No Joz Z Co NeC	tive LLC
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the Imited Liability Company version version version version version version version version ver	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1848 SW 20 terrale
(Principal office address MUST BE A STREET ADDRESS)	33165 Miam; Florida
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	9568 Sw 20 Terrace 33165 Miami Florida
B. If amending the registered agent and/or registered offeregistered agent and/or the new registered office address here:	
Name of New Registered Agent:	25
New Registered Office Address:	Enter Florida street address
	, Florida
<del>-1</del>	City Zıp 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

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
MGR	Marcelo Romero	10381 SW 69 lang	
		33173 Miani Floris	Remove
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	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable statutory filing re-	than 90 days after filing.) Pursu quirements, this date will no	ant to 605.02 at he listed
ment's effective date on the Department of State's records.	donomonis, ans dute miline	or or nated
ecord specifies a delayed effective date, but not an effective time	at 12:01 a.m. on th	a aarliar
e 90th day after the record is filed.	ω, αι 12.01 α.m. οπ (n	e carner
d10/17/17		
10/17/17		

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Filing Fee: \$25.00