

L17000087049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

D. SCOTT
JUN 5 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2017

JR FINANCE GROUP, LLC
2410 CORDOBA BEND
WESTON, FL 33327

SUBJECT: JR FINANCE GROUP, LLC
Ref. Number: L17000087049

We have received your document for JR FINANCE GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name unavailable, please choose another name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 317A00009743

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TALLAHASSEE, FLORIDA

NEW NAME.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JR FINANCE GROUP, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 4/19/2017 and assigned Florida document number 617000087049

This amendment is submitted to amend the following:

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

JR INT'L GROUP, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2410 CORDOBA BEND
WESTON, FL 33327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2410 CORDOBA BEND
WESTON, FL 33327

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:

Jesus Aguilera

New Registered Office Address:

2410 CORDOBA BEND

Enter Florida street address

WESTON

City

Florida

Zip Code

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TALLAHASSEE
FLORIDA
STATE

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Plaver INT'L GROUP, LLC</u>	<u>2410 CORDOBA BEND</u>	<input type="checkbox"/> Add
		<u>WESTON FL 33327</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>PIVANI LLC</u>	<u>3272 3272 Muirfield</u>	<input type="checkbox"/> Add
		<u>WESTON FL 33332</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>HOUSE HUNTERS GROUP, INC</u>	<u>17021 NORTH BAY RD</u>	<input type="checkbox"/> Add
		<u>SUNNY ISLES, FL 33160</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Jesus Aguilera</u>	<u>2410 CORDOBA BEND</u>	<input checked="" type="checkbox"/> Add
		<u>WESTON FL 33327</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>RICARDO CORREIA</u>	<u>3272 Muirfield</u>	<input checked="" type="checkbox"/> Add
		<u>WESTON FL 33332</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Joaquin PASTO</u>	<u>17021 NORTH BAY RD</u>	<input checked="" type="checkbox"/> Add
		<u># 627</u>	
		<u>SUNNY ISLES, FL 33160</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE
CLERK

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

The change IS FROM THE
COMPANIES TO THE OWNERS
OF THOSE COMPANIES

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 605.0207 (3)(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:
(b) The 90th day after the record is filed.

Dated 05/9/2017



Signature of a member or authorized representative of a member

Jesus Aguilera

Typed or printed name of signee

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