

L170000 94431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

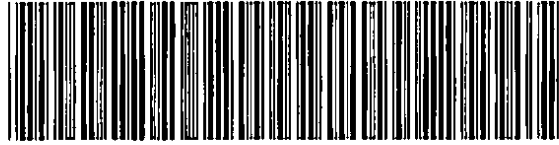
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/05/19--01009--028 \*\*25.00

19 DEC -5 PM 6:59  
TALLAHASSEE, FLORIDA

JAN 10 2020  
S. YOUNG

# Indy Pines, LLC

P. O. Box # 260433

Miami, FL 33126

Ph: 214-597-7548

November 18, 2019

FL Dept of State  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re:** Request to Add a member

To whom it may concern:

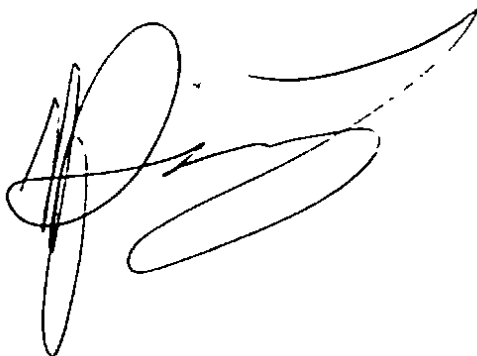
The form attached is a request to add a member (Indy Pines, LLC, an Indiana LLC –EIN # 82-1428154) to Jack Pines 1, LLC (a FL LLC, Doc # 17000094431).

Also, attached is the Bank of America Check # **484** for **\$25** covering the Filing fees.

I really appreciate your prompt processing, and consideration to this request.

Sincerely,

Javier Pineyro

A handwritten signature in black ink, appearing to read 'Javier Pineyro', with a large, stylized flourish extending from the end of the signature.

# COVER LETTER

Registration Section  
Division of Corporations

Jack Pines I, LLC

ECT:

Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Javier Pineyro

Name of Person

Firm/Company

6998 SW 51st St.

Address

Doral, FL 33166

City/State and Zip Code

javier@xlmgmt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:



Name of Person

at

(214)

Area Code

597-7548

Daytime Telephone Number

Enclosed is a check for 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**

Jack Pines 1, 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 April 28th, 2017 and assigned  
document number L17000094431

amendment is submitted to amend the following:

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

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

new principal offices address, if applicable:

N / A

principal office address MUST BE A STREET ADDRESS

new mailing address, if applicable:

N / A

mailing address MAY BE A POST OFFICE BOX

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:

N / A

New Registered Office Address:

N / A

*Enter Florida street address*

N / A

, Florida N / A

*City*

*Zip Code*

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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>                   |
|--------------|-----------------|-------------------------------------|---|
| AMBR         | Indy Pines, LLC | P.O.BOX # 260433<br>Miami, FL 33126 | <input checked="" type="checkbox"/> Add |
|              |                 | N / A                               | <input type="checkbox"/> Remove         |
|              |                 | N / A                               | <input type="checkbox"/> Change         |
|              |                 | N / A                               | <input type="checkbox"/> Add            |
|              |                 | N / A                               | <input type="checkbox"/> Remove         |
|              |                 | N / A                               | <input type="checkbox"/> Change         |
|              |                 | N / A                               | <input type="checkbox"/> Add            |
|              |                 | N / A                               | <input type="checkbox"/> Remove         |
|              |                 | N / A                               | <input type="checkbox"/> Change         |
|              |                 | N / A                               | <input type="checkbox"/> Add            |
|              |                 | N / A                               | <input type="checkbox"/> Remove         |
|              |                 | N / A                               | <input type="checkbox"/> Change         |
|              |                 | N / A                               | <input type="checkbox"/> Add            |
|              |                 | N / A                               | <input type="checkbox"/> Remove         |
|              |                 | N / A                               | <input type="checkbox"/> Change         |
|              |                 | N / A                               | <input type="checkbox"/> Add            |
|              |                 | N / A                               | <input type="checkbox"/> Remove         |
|              |                 | N / A                               | <input type="checkbox"/> Change         |
|              |                 |                                     | <input type="checkbox"/> Add            |
|              |                 |                                     | <input type="checkbox"/> Remove         |
|              |                 |                                     | <input type="checkbox"/> Change         |

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

Blank lined area for amendments.

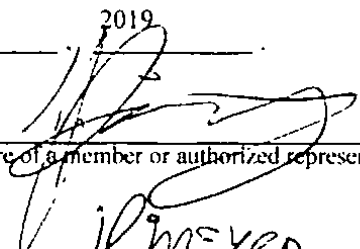
N / A

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.

he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
The 90th day after the record is filed.

Dated November 18th 2019

  
Signature of a member or authorized representative of a member  
  
J. Meyers  
Typed or printed name of signee