

LI 9000132535

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : NUEVA VIDA ACCOUNTING CORP.
Account Number : I20150000017
Phone : (305)752-7505
Fax Number : (305)752-4409

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

Email Address: Nuevavida6445@gmail.com

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DIVISION OF CORPORATIONS

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COR AMND/RESTATE/CORRECT OR O/D RESIGN
JGM-2 LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JGM-2 LLC

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

The Articles of Organization for this Limited Liability Company were filed on February 22nd, 2016 and assigned
Florida document number L17000132535

This amendment is submitted to amend the following:

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

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

Enter new principal office 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

_____, Florida _____
(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 and 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

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C. 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>AMBR</u>	<u>ALMARA PEREDA</u>	<u>2110 RAMBLEWOOD LANE</u>	<input checked="" type="checkbox"/> Add
		<u>BRANDON, FL 33510</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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