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(Ře	equestor's Name)	
(,	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
	usiness Entity Name	a)
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
6	Filias Officer	 -
Special Instructions to	Filing Officer.	





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COVER LETTER

TO:		stration Sec sion of Corp			
enn n		JOJOLU LL			
SUBJE	ж. :			ted Liability Company	
The en	closed	Articles of a	Amendment and fee(s) are sub	nitted for filing.	
Please	return	all correspoi	ndence concerning this matter t	to the following:	
			Andres Lartitegui		
				Name of Person	
			1010FA FFC		
				Firm/Company	
	9900 W. SAMPLE ROAD SUITE 300				
				Address	
			CORAL SPRINGS, FL 33	065	
			-	City/State and Zip Code	
			andreslartitegui@gmail.com	to be used for future annual report not	itication)
For fur	ther in	formation co	oncerning this matter, please ca		
Andre	s Larti	tegui		at () 306-0579 Area Code Daytir	
		Name of	Person	Area Code Daytir	ne Telephone Number
Enclos	ed is a	check for th	e following amount:		
■ \$2	5.00 Fi	iling 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

JOJOLU LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L17000148147	ompany were filed on 7/11/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim		
Enter new principal offices address, if applicable:		AL
(Principal office address MUST BE A STREET ADDR	RESS)	18 SE
Enter new mailing address, if applicable:		P-7 PM
(Mailing address MAY BE A POST OFFICE BOX)		7 0 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the no
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	. Flori	ida
	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

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	MATA, JORDANA		
		9900 W. SAMPLE RD. STE 300 CORAL SPRINGS, FL 33065	■ Remove
			Change
MGR	MATA, INES M.	9900 W. SAMPLE RD. STE 300 CORAL SPRINGS, FL 33065	
			☐ Remove
			Change
			Add
			Remove
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ctive date, if other than the effective date is listed, the date muse: If the date inserted in this blo	t be specific and cannot be p ock does not meet the ap	plicable statutory f	or more than 90 days	optional) after filing.) Pursuant to 60 , this date will not be lis
iment's effective date on the De	partment of State's reco	ords.		
ecord specifies a delayed ne 90th day after the reco	effective date, but ord is filed.	not an effectiv	e time, at 12:0	01 a.m. on the earl
August 21	2018	·•	•	
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Filing Fee: \$25.00