L17000/57008

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COVER LETTER

UBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JAIME GUZMAN				
		Name of Person			
	BROTHERS MULTISER	VICIOS INC			
		Firm/Company			
	2821 SOUTHWEST 119TH WAY				
		Address			
	MIRAMAR, FLORIDA 3.	3025			
		City/State and Zip Code			
	BROTHERSMULTISERV				
	E-mail address: (to be used for future annual report notif	ication)		
For further information of	oncerning this matter, please ca	atl:			
JOSE VAZQUEZ		561 271-5195			
Name o	f Person		Telephone Number		
Enclosed is a check for the	he 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

TO:

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 & MAT ENTERPRISES LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
he Articles of Organization for this Limited Liability Compan	y were filed on JULY 24 2017 and assigned				
Torida document number L17000157008					
'his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
N/A					
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation =L.L.C."				
Enter new principal offices address, if applicable:	2767 S MILITARY TRL				
Principal office address MUST BE A STREET ADDRESS)	LOT 21-S				
	WEST PALM BEACH, FL 33415				
Enter new mailing address, if applicable:	2767 S MILITARY TRL				
Mailing address MAY BE A POST OFFICE BOX)	LOT 21-S				
	WEST PALM BEACH, FL 33415				
B. If amending the registered agent and/or registered egistered agent and/or the new registered office address he Name of New Registered Agent: Name of New Registered Agent:					
New Registered Office Address: N/A					
New Registered Office Address.	Enter Florida street address				

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	N/A		Add
			☐ Remove
		 	Change
			☐ Remove
			Change
			- Add
			
			Change
			□ Remove
			Change
			□ Add
		.	☐ Remove
			□ Change
			□ Add
			☐ Remove

_ Change

	
	
	
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ective date, if other than the date of filing:	(optional)
e: If the date inserted in this block does not meet the applicable statute ument's effective date on the Department of State's records.	ory filing requirements, this date will not be listed a
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective date date, but not an effective date date date date date date date dat	ctive time, at 12:01 a.m. on the earlier of
11/29/2017 ed	
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Filing Fee: \$25.00