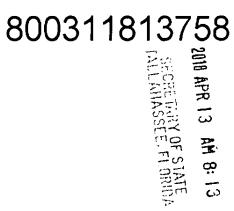
L17000179471

(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
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J. LEGGETT APR 1 3 2018

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)524-4381	
WALK-IN	OFFICE USE ONLY
ENTITY NAME:	
JB&EL REAL ESTATE INVESTMENTS LLC	
CH# 7966 FOR \$25.00	
PLEASE FILE THE ATTACHED AMENDMENT & RETURN TH	E FOLLOWING:
CERTIFIED COPY	

XXX

STAMPED COPY

CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

Division of Cor			
	EAL ESTATE INVESTMENTS	LLC	
SUBJECT:	Name of Lim	ited Liability Company	····
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	CARLOS GARCIA		
		Name of Person	, 1 <u>, 1 </u>
	CARLOS GARCIA P.A.		
		Firm/Company	
	500 SOUTH DIXIE HWY	. SUITE 202	
		Address	-
	CORAL GABLES, FL 331	146	
	CARLOS CORAL AW CO	City/State and Zip Code	
	CARLOS@CGPALAW.CC E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	ail:	
CARLOS GARCIA		305 7792479 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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)
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURING Registration Section Division of Corporation	n

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JB&EL REAL ESTATE INVESTMENTS LI	LC	
(<u>Name of the Limited Liabilite</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 08/22/2017	and assigned
Florida document number L17000179471	 .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
		<u>No</u>
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or th	and a second second
Enter new principal offices address, if applicable:		APR
(Principal office address MUST BE A STREET ADDR	(ESS)	55 T
		Fig. 5
		7 3
Enter new welling address if annihilation		000 00
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	40-00-00-00-00-00-00-00-00-00-00-00-00-0	
B. If amending the registered agent and/or regist		er the name of the new
registered agent and/or the new registered office addr	ress here:	
Name of New Registered Agent:		
New Registered Office Address:	-	
<u>-</u>	Enter Florida street address	
	, Florida	
	Cin	Zin 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	EDUARDO LEDESMA	500 SOUTH DIXIE HIGHWAY	
		SUITE 202. CORAL GABLES FL	■ Remove
			Change
MGR	MARIA WEISSON	500 SOUTH DIXIE HIGHWAY	🖬 Add
		SUITE 202. CORAL GABLES, FL	□ Remove
			Change
			
			□ Remove
		Change	
			
			Remove
			Change
			□ Add
			□ Remove
			Change
		□ Add	
			□ Remove
			Change

	enter change(s) here: (Attach addition		_	
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Effective date, if other than the date (If an effective date is listed, the date must be s Note: If the date inserted in this block of document's effective date on the Depart	ecific and cannot be prior to date of filing or mor oes not meet the applicable statutory filing	(optional) te than 90 days after filing.) Pursuant to 60 requirements, this date will not be lis	95.0207 (3)(t ted as the)
-	ective date, but not an effective tin	na, st läidt e.m. on jhe des	140 HB1	
Dated APRIL 12	, 2018			
Sign	ture of a member of authorized representative of	f a member		
CARLOS GARCIA				

Page 3 of 3

Filing Fee: \$25.00