

H23000162779 3
 Florida Department of State
 Division of Corporations
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Division of Corporations
 Fax Number : (850)617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 JMG MUNAYER LLC

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FLORIDA
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

2023 MAY 1 PM 2:37

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COVER LETTERTO: Registration Section
Division of Corporations

SUBJECT: JMG MUNAYER LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

AMINA MUNAYER BAEZ

Name of Person

Firm/Company

511 CABALLERO AVENUE SE

Address

PALM BAY, FL 32909

City/State and Zip Code

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

For further information concerning this matter, please call:

AMINA MUNAYER BAEZ

863 332-3615
at ()

Name of Person

Area Code

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 32314Street Address:Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JMG MUNAYER LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/25/2017 and assigned
Florida document number L17000181764

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 "L.L.C."

Enter new principal offices 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:

Florida

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

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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>
MBR	GABRIELA RODULFO MUNAY	511 CABALLERO AVENUE SE	<input checked="" type="checkbox"/> Add
		PALM BAY, FL 32909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here:

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E. 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.

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

Dated 05/01/2023

Amina Huseynov B.

Signature of a member or authorized representative of a member

AMINA MUNAYER BAEZ

Typed or printed name of signee

Filing Fee: \$25.00