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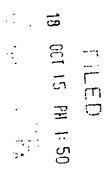
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COVER LETTER

	istration Se sion of Cor			
SUBJECT:	JCHOT SI	HOTS LLC		
SOMET.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JUAN FISCHER		
			Name of Person	
		JC HOT SHTS LLC		
			Firm/Company	
		958 SW 147THAV		
			Address	
		PEMBROKE PINES FL. 3	33027	
		juan@jchotshots.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further in	formation co	oncerning this matter, please ca	all:	
Juan Fischer			786 312 8923	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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

JC HOT SHOTS LLC		
(Name of the Limited (A	Liability Company as it now appears on our reco Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liab	oility Company were filed onNOVEMB	ER 7, 2017 and assigned
orida document number L17000230715	·	_
nis amendment is submitted to amend the follow	ring:	
If amending name, enter the new name of t	he limited liability company here:	
new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
iter new principal offices address, if applicat	ole:	
rincipal office address MUST BE A STREET		5 11
		5 1
iter new mailing address, if applicable:		5
ailing address MAY BE A POST OFFICE BE	<u> </u>	
If amending the registered agent and/or	registered office address on our reco	rds, enter the name of the n
<u>ristered agent and/or the new registered offic</u>	ce address here:	
N CN P I		
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street add	ress
		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 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	PERCY CARLOS DHERS	7262 SENEPOLE RD	■ Add
		RANDLEMAN NC,27317	☐ Remove
			☐ Change
MGR	KAREN LORENA URMNEDIZ	958 SW 147TH AV	■ Add
		PEMBROKE PINES FL 33027	□ Remove
			☐ Change
			Add
			O Remove
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Filing Fee: \$25.00