

L17000242214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

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000331968660

07/31/19--01011--005 **35.00

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
19 SEP -4 PM 3:51

LLC
N/C

Amend.

9/4/19

DC

"ATTACHMENT"



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2019

RAFAEL J. FERNANDEZ
10737 SW 104 STREET
MIAMI, FL 33176

SUBJECT: JJIC LLC
Ref. Number: L17000242214

We have received your document for JJIC LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 619A00017196

2019 SEP -3 PM 12:36

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2019

RAFAEL J. FERNANDEZ
RAFAEL J. FERNANDEZ, CPA, PA
10737 SW 104 STREET
MIAMI, FL 33176

SUBJECT: JJIC LLC
Ref. Number: L17000242214

We have received your document for JJIC LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000068014 - J&JC LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 919A00016195

2019 AUG 19 AM 11:23

RECEIVED

10737 SW 104 Street
Miami, Florida 33176
E-mail: rfernandezcpa@aol.com

RAFAEL J. FERNANDEZ, C.P.A., P.A.
CERTIFIED PUBLIC ACCOUNTANT

Phone: (305) 596-9026
Fax: (305) 596-9845

August 27, 2019

SENT VIA PRIORITY MAIL

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

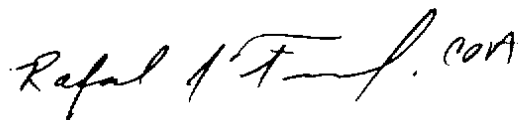
Re: **Letter Number: 619A00017196**
Document Number: L17000242214
New Name: JCJ Ruiz, LLC
Old Name: JJIC, LLC

FEIN: 82-3518424

Dear Ms. Sheila Young:

As per our conversation on August 26th, 2019, I am writing in response to the letter we received from Regulatory Specialist II, Irene Albritton, dated August 20th, 2019. For your convenience, I have attached a copy of the letter mentioned above. **(See Attachment)** As explained in our phone conversation, this letter mentioned that we failed to make the corrections requested from a previous letter however, the corrections were made. A new name was chosen and the Articles of Amendment were submitted with the new name. The business owner has decided to amend the company name to be **JCJ Ruiz, LLC**. Please review the attached original articles of amendment and should you have any questions please do not hesitate to contact me.

Thank you.

A handwritten signature in black ink that reads "Rafael J. Fernandez, CPA". The signature is stylized with a large, flowing 'R' and 'F'.

Rafael J. Fernandez, CPA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JJIC, 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:

RAFAEL J. FERNANDEZ

Name of Person

RAFAEL J. FERNANDEZ, CPA, PA

Firm/Company

10737 SW 104 STREET

Address

MIAMI, FL 33176

City/State and Zip Code

JORGE.RUIZ@MARCUSMILLICHAP.COM

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

For further information concerning this matter, please call:

RAFAEL J. FERNANDEZ

305

596-9026

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 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**

FILED
CLERK OF STATE
DIVISION OF CORPORATION
19 SEP -4 PM 3:57

JJC, L.L.C.

(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 11/27/2017 and assigned
Florida document number L17000242214.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JCJ RUIZ, L.L.C.

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:

5201 Blue Lagoon Drive, Suite 100

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33126

Enter new mailing address, if applicable:

10737 SW 104 Street

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33176

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:

Enter Florida street address

City, **Florida**

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ILIANA RUIZ	10745 SW 113TH PLACE	<input type="checkbox"/> Add
		MIAMI, FL 33176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated 09-04-19

Signature of a member or authorized representative of a member

Typed or printed name of signer