

L17000263367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

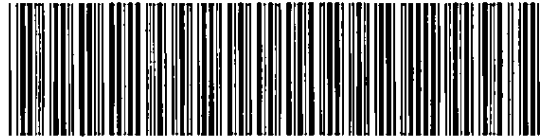
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10-19-18

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Office Use Only



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18 OCT 19 AM 8:32
CLERK OF SUPERIOR COURT
ALABAMA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
18 OCT 19 AM 8:52

CLERK OF STATE
TALLAHASSEE, FLORIDA

September 5, 2018

JOSE R PORRAS HERNANDES
211 WIMBLEDON LAKE DR.
PLANTATION, FL 33324

SUBJECT: JORXS, LLC
Ref. Number: L17000263367

We have received your document for JORXS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6939.

Agnes Lunt
Regulatory Specialist III

Letter Number: 318A00018363



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
18 OCT 19 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 20, 2018

JOSE R PORRAS HERNANDEZ
211 WIMBLEDON LAKE DR
PLANTAION, FL 33324

SUBJECT: JORXS, LLC
Ref. Number: L17000263367

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Agnes Lunt
Regulatory Specialist III

Letter Number: 118A00019668

JORXS, LLC

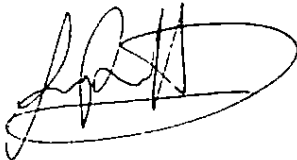
LED
18 OCT 19 AM 8: 52
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
September 14, 2018

Dear FLORIDA DEPARTMENT OF STATE,
Division of Corporations.
SUBJECT: JORXS, LLC
Ref. Number: L17000263367

I have received a letter with instructions for corrections, but when I called to (850)245-6939 I noticed that in the first request I sent the wrong form.

Please note that in this new mail that I am sending to you the correct form and you can take the totally check \$55 already received and deposited for the Filing Fee & Certified Copy with the changes needed.

Thanks in advance for your help.

A handwritten signature in black ink, appearing to read 'Jose Rafael Porras Hernandez', enclosed within a large, loopy oval shape.

Jose Rafael Porras Hernandez

COVER LETTER

TO: Registration Section
Division of Corporations

FILED
18 OCT 19 AM 8:52
CLERK OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: JORXS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE R PORRAS HERNANDEZ

Name of Person

JORXS, LLC

Firm/Company

211 WIMBLEDON LAKE DR

Address

PLANTATION, FL 33324

City/State and Zip Code

JORXS.LLC@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE R PORRAS HERNANDEZ at (754) 3174561
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JORXS, LLC

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

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18 OCT 19 AM 8:02

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on December 28, 2017 and assigned
Florida document number L17000263367.

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)

JORXS, LLC

7874 NW 7TH CT

PLANTATION, FLORIDA 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

JORXS, LLC

7874 NW 7TH CT

PLANTATION, FLORIDA 33324

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

_____, **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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE REFAEL PORRAS HERNANDEZ	7874 NW 7TH CT PLANTATION FLORIDA, 33324	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	MARIA EUGENIA CONTRERAS BIGOTT	7874 NW 7TH CT PLANTATION FLORIDA, 33324	<input checked="" type="checkbox"/> Add <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"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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18 OCT 19 AM 8:52
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

18 OCT 1961
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FLORIDA STATE UNIVERSITY

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18 OCT 19 AM 8:32
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA

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)(h)

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 September 14

2018

Signature of a member or authorized representative of a member

Typed or printed name of signee