L18000054904

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(Add	iress)	
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(City	//State/Zip/Phone	e #)
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COVER LETTER

Division of Cor	porations	4	
ЈМЈ НОМЕ	EDEVELOPMENT LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	MANUEL RIOS		
	JMJ HOME DEVELOPMI	Name of Person ENT LLC	
	4555 HOFFNER AVE	Firm/Company	
	ORLANDO, FL 32812	Address	
	bussinehome@hotmail.com		
	E-mail address: (t	to be used for future annual report notif	lication)
For further information c	oncerning this matter, please ca	111:	
MANUEL RIOS		787 458-7262	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	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)

MAILING ADDRESS:

Registration Section

TO:

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

JMJ HOME DEVELOPMENT 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 _____ _____ and assigned Florida document number 1.18000054904 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 "LLC." 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: JANMANUEL RIOS Name of New Registered Agent: 4555 HOFFNER AVE New Registered Office Address: Enter Florida street address . Florida 32812
Zip Code ORLANDO City

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>	Type of Action
MGR	JANMANUEL RIOS	4555 HOFFNER AVE ORLANDO, FL 32812	
			■ Add
			Remove
	ALCA 1463	·	☐ Change
MGR	OLGA JACA		Add
		4555 HOFFNER AVE ORLANDO, FL 32812	Remove
			□ Change
			☐ Remove
			Change
	 -		Change S JUH Add
			Remove.
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			□ Remove
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		2019 JUH	
			
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	05/28/2019		
ective date, if other than the deflective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	be specific and cannot be prior to date of filink does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to y filing requirements, this date will not be	ত্য ১ 605.020 e listed a
record specifies a delayed ence 90th day after the recor	effective date, but not an effected is filed.	tive time, at 12:01 a.m. on the ea	arlier (
Manuel Ri	2019		
V(473 M(1 ! 2) A. 4 . 1	gnature of a member or authorized represen		

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Filing Fee: \$25.00