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PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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ALLAHASSEL FLORIDA

## **COVER LETTER**

	Registration Se Division of Cor			
49 10 1E 62	Jose M. Sar			
SUBJEC'	ı:		ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	arn all correspo	indence concerning this matter	to the following:	
		Jose M. Sanchez		
			Name of Person	
		Jose M. Sanchez LLC		
			Firm Company	
		664 Nw 128 place		
			Address	
		Miami Fl 33182		
			City/State and Zip Code	
		jnisanchezrealtor@gmail.co		
For furthe	r information c	E-mail address: ( oncerning this matter, please c	to be used for future amual report notifi all:	eation)
Jose Sanc	thez		305 492-9369 at ()	
-	Name o	d Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	he following amount:		
\$25,0	O 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 tadditional copy is enclosed)
	Registr Divisjo P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	n utions uer Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jose M. Sanchez LLX	
(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 march 26, 2018	and assigned
Florida document number L18000076722	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability company here</u> :	
Jose Miguel Sanchez LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI C" or the	abbreviation "L.1, 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, <u>ent</u> registered agent and/or the new registered office address here:	r the name of the new
	2018 A
Name of New Registered Agent:	APR
	SSE TO
New Registered Office Address:  Emer Florida street address	F.S.
Elemida	LL STA
Florida	- B ≤ ··································
New Registered Agent's Signature, if changing Registered Agent:	· 0
I hereby accept the appointment as registered agent and agree to act in this capacity. I further a	gree 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. O being filed to merely reflect a change in the registered office address, I hereby confirm that the t	
company has been notified in writing of this change.	,,,,,,
If Changing Registered Agent. <u>Signature of New</u>	Registered Agent

Page 1 of 3

If amending or removed	Authorized Person(s) authorized to n from our records:	nanage, <u>enter the title, name, and address o</u>	each person_being added
MGR = M			
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			□ Change
			Add
			Пептус
			Change
			☐ Remove
			☐ Change
			🗀 Add
			□ Remove
,			☐ Change
			D Add
			Remove
			□ Change
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			Change.

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		AM 10: 30	i :
		05 30	:
(It im et <u>Note:</u>	ive date, if other than the date of filing:	filing.) Pursuant to 605	5,02 ed
If the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a e 90th day after the record is filed.	i.m. on the earlie	er
Dated	April 4 2018		
	X ///		
	Signature of a member of a problem and representative of a member		

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Filing Fee: \$25.00