## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RICHARDS & PARTNERS, P.A.

Account Number : I20110000091

Phone

: (305)858-9900

Fax Number

: (305)285-0015

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

INVERSIONES JFD, "LLC"

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Help

1/1/20

TO: Registration Section

## **COVER LETTER**

Division of Cor	porations						
INVERSIO	NES JFD, "LLC"						
SUBJECT:		ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	ELENA DIAZ						
Name of Person							
	RICHARDS & PARTNERS, P.A.						
	<del> </del>	Firm/Company					
	2665 SOUTH BAYSHOR	E DRIVE, SUITE 703					
	Address						
	MIAMI, FLORIDA 33133	3					
		City/State and Zip Code					
	ediaz@richards-law.com						
	E-mail address: (	to be used for future annual report notif	ication)				
For further information of	concerning this matter, please of	all:					
ELENA DIAZ		305 8589900 at (					
Name o	of Person	Area Code Daytime	: Telephone Number				
Enclosed is a check for t	he following amount:						
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Malling Address: Registration Section		Street Address: Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 632		The Centre of T					
Tallahassee,	FL 32314	2415 N. Monroe Tallahassee, FL	Street, Suite 810 32303				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	0/0010	
The Articles of Organization for this Limited Liability Company were filed on04/10	0/0010	
1.00000000000	0/2018 and as:	signed
Florida document number L18000090562		
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		"L.C."
Enter new principal offices address, if applicable:	A 22	
(Principal office address MUST BE A STREET ADDRESS)		
	3. UG	<del></del>
	10 888	<u></u>
Enter new mailing address, if applicable:	1 63 <b>&gt;</b>	ক্রে
(Mailing address MAY BE A POST OFFICE BOX)	m :- va	
177 1971-2	62. F	
B. If amending the registered agent and/or registered office address on our records agent and/or the new registered office address here:	s, enter the name of the ne	w reg
Name of New Registered Agent:		
New Registered Office Address:  Enter Florida stre	rees address	<u>_</u>
Emer 1 torrad Sire		
	. Florida	

## 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 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	DIAZ, JUAN C	22864 SW 114 AVE	🗆 Add
		MIAMI, FL 33170	■Remove
			Change
AMBR	BERROCAL, MARIA A	22864 SW 114 AVE	·□ Add
		MIAM1, FL 33170	≣Remove
			🗀 Change
MGR	CONDE DIRECTORS LLC	2665 SOUTH BAYSHORE DRIVE, SUITE 703	<b>=</b> Add
		MIAMI, FLORIDA 33133	□ Remove
			🗆 Change
			□Remove
			⊡Chang <del>e</del>
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

The name and address of person	n(s) authorized to ma	mager LLC					
Title: MGR				··············			
CONDE DIRECTORS LLC	•						
2665 SOUTH BAYSHORE DE	UVE, SUITE 703	15-7-51-1		• — • •			
MIAMI, FL 33133	***		· <u> </u>		<del></del>	•	
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ective date, if other than the date must be test if the date inserted in this blockument's effective date on the Department's	e specific and cannot be k does not meet the a	applicable s	of filing or me atutory filing	re than 90 days	optional) after filing.) Pu s, this date will	rsuant to not be	605.03 listed
cord specifies a delayed effective of filed.	late, but not an effec	tive time, at	12:01 a.m. o	n the earlier o	of: (b) The 90	th day	after ti
ed	, 2021	· · ·		·			

Filing Fee: \$25.00