# 118000104952

(Requestor's Name)
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PICK-UP WAIT MAIL
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DIVISION OF CORPORATIONS

N COOPER MAY 1 5 2018

### **COVER LETTER**

то:	Registration Sec Division of Corp		,		
SUBJE		LIMITED LIABILITY COM	MPANY	2	
SUDJE	CI:	Name of Lim	ited Liability Company		
The enc	losed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspon	dence concerning this matter	to the following:		
		TANIA ECHEMENDIA			
			Name of Person		<del>_</del>
			Firm/Company		<u> </u>
		14771 S SPUR DRIVE			
			Address		<del></del>
		MIAMI, FLORIDA 33	161		
			City/State and Zip Code	· <del></del>	
		BAYVIEWPALMS@GMA			
		E-mail address: (	to be used for future annual re	eport notification)	_
For furt	her information co	ncerning this matter, please ca	all:		
TANIA	ECHEMENDIA			-8003	
	Name of	Person	at () Area Code	Daytime Telephone Nun	nber
Enclose	d 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)	Certi:	Filing Fee, ficate of Status & fied Copy onal 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

## JJJ BLOCK LIMITED LIABILITY COMPANY (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 APRIL 26, 2018 and assigned Florida document number L18000104952 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
MGR	RENE QUINONES	3021 SW 101 COURT	Add
			■ Remove
			☐ Change
PTO	JOSE PENA	3021 SW 101 COURT	■ Add
			□ Remove
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			□ Add
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<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.			_
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