

L18000180125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

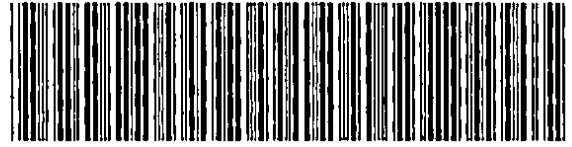
(Business Entity Name)

(Document Number)

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2018 OCT 15 AM 9:47

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J2V 3603 LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LESVIA SIERRA GUERRA

\_\_\_\_\_  
Name of Person

J2V 3603 LLC

\_\_\_\_\_  
Firm/Company

6365 COLLINS AVE APT 1009

\_\_\_\_\_  
Address

MIAMI BEACH FL 33141

\_\_\_\_\_  
City/State and Zip Code

ANTARESATENAS@HOTMAIL.COM

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

For further information concerning this matter, please call:

LESVIA SIERRA GUERRA      786      354-8785  
\_\_\_\_\_  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional 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**

J2V 3603 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 07/26/2018 and assigned  
Florida document number L18000180125.

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)

6365 COLLINS AVE APT 1009

MIAMI BEACH FL 33141

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

6365 COLLINS AVE APT 1009

MIAMI BEACH FL 33141

**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:

6365 COLLINS AVE APT 1009

*Enter Florida street address*

MIAMI BEACH

*City*

Florida 33174

*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	JV UNITED PARTNERS LLC	8822 W FLAGLER ST#9	<input type="checkbox"/> Add
		MIAMI FL 33174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSUE DAVID CALVACHE SIERRA	8822 W FLAGLER ST #9	<input type="checkbox"/> Add
		MIAMI FL 33174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LESVIA SIERRA GUERRA	6365 COLLINS AVE APT 1009	<input checked="" type="checkbox"/> Add
		MIAMI BEACH FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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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**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.

Dated OCTOBER 12, 2018

LESVIA SIERRA GUERRA

Typed or printed name of signee