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(Re	equestor's Name)	
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12/02/24--01016--004 **25.00

2024 DEC - 2 PM 3: 12

SUBJECT: J&A V	ega LLC		
SUBJECT.		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jason Vega		
		Name of Person	
	J & A Vega LLC		
		Firm/Company	
	117 Pansy Ct.		
		Address	
	Kissimmee, FL 34743		
		City/State and Zip Code	
	javegatsc@gma		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Jason Vega		at (407) 492-1892	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S		Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

J & A Vega LL	C					
	(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on o d Liability Company)	ur records.)		_	
The Articles of Organization	for this Limited Liability Compan	y were filed on Aug. 6.	2018	an c	i assigne	ed
Florida document number _	L18000187568					
This amendment is submitted	d to amend the following:					
A. If amending name, ente	r the new name of the limited lia	bility company here:				
The new name must be distinguish	able and contain the words "Limited Liab	bility Company," the designat	ion "I.LC" or the	abbreviation	n "L.L.C."	r *
Enter new principal offices	address, if applicable:					
(Principal office address Mi	UST BE A STREET ADDRESS)				2024	
					<u> </u>	
				75 / 1 75 / 1	2-3	·
Enter new mailing address,	, if applicable:			Sc	70	
(Mailing address MAY BE A	POST OFFICE BOX)			<u> </u>	<u> </u>	
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				, <u>111</u>	$\overline{\omega}$	
B. If amending the register agent and/or the new regist	ed agent and/or registered office ered office address here:	address on our record	s, <u>enter the nai</u>	ne of the	new res	<u>zistere</u>
	-					
Name of New Regi	stered Agent:					
New Registered Of	fice Address:					
		Enter Florida stre	et address			
	••••	• • • • • •	, Florida <u></u>			_ _
	-	City		Zip Co	ode	
New Registered Agent's Signs	ture, if changing Registered Agent	<u>::</u>				

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>	Name	Address	Type of Action
MGR	Jason Vega	4960 East Colonial Dr. Orlando, FL 32803	🖻 Add
			□Remove
		-	□ Change
MGR Anna Vega	Anna Vega	4960 East Colonial Dr. Orlando, FL 32803	≘Add
		□Remove	
			Change
			🗆 Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
		·	□Change

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n effect p <u>te:</u> If	e date, if other than the date of filing:
ecord s is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted _	November 29, 2024.
	Da Va-
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00