118000195063

(Requestor's Name)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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COVER LETTER

		STORS LLC	V	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		AUGUSTO C. HURTADO	o	
		JCN INVESTORS LLC	Name of Person	
		17301 BISCAYNE BLVD	Firm/Company #1603	
		AVENTURA/FLORIDA 3	Address 33326	
		info@assetsleader.com	City/State and Zip Code	
For further in	nformation c	E-mail address: (oncerning this matter, please of	to be used for future annual report notifi all:	cation)
JOHNSON 1			1 9545050222 at ()	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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 ADDRESS:

Registration Section

TO:

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

JCN INVESTORS LLC		
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
		and assigned
Florida document number L18000195063	·	
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) Solution: A B Street address on our records, enter the name of the new egistered agent and/or registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "ELC" or th	e abbreviation "L.1C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	PRESS)	38
		<u> </u>
Enter new mailing address, if applicable:		5.0
Mailing address MAY BE A POST OFFICE BOX)		** <u>**</u>
		ω ±
egistered agent and/or the new registered office ad-		ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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>	Type of Action
AMBR	HURTADO, CESAR A	17301 BISCAYNE BLVD #1603	
		AVENTURA. FL 33160	
		AVENTURA, PL 35100	■ Remove
			Kemove
			☐ Change
AMBR	HURTADO, AUGUSTO C	17301 BISCAYNE BLVD #1603	
		AVENTURA, Fl. 33160	
		A VENTORA, FE 25100	☐ Remove
			□ Change
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fective date, if other than the date of a effective date is listed, the date must be specific. If the date inserted in this block document's effective date on the Department.	cific and cannot be prior to da es not meet the applicable	te of filing or more than 90 days		
record specifies a delayed effec The 90th day after the record is		effective time, at 12:	01 a.m. on the ear	lier
September 5	2018			
	/2			
Signate	ire of a member or authorized	I representative of a member		

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Typed or printed name of signee

Filing Fee: \$25.00