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N. CAUSSEAUX JAN 4 2019

COVER LETTER

TO: Registration S Division of Co			
Bimini Ro SUBJECT:	ad, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fec(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jose R. Alvarez		
	-	Name of Person	
		Firm/Company	
	12161 SW 95th Avenue		
	Miami, FL 33176	Address	
	 	City/State and Zip Code	1245
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Jose R. Alvarez		786 8535622 at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	the 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 ADDRESS:

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

Bimini Road, LLC

(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears o	on our records.)
		PE
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{8/23/2}{2}$	and assigned
Florida document number L18000202106		ु
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here	;
JRA Bimini Road, LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		our records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	ı street address
		Clouido
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	

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>	Address	Type of Action
N/A			
			Remove
			Change
			🗖 Add
			Remove Change
<u></u>			D Add
			دی □ Remove
		 	Change
			🗅 Add
			Remove
			☐ Change
		<u></u>	Add
			□ Remove
			Change
			□ Add □ Remove
			Change

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary N/A		
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F Fffe	ctive date if other than the date of filing:		
<u>Not</u>	effective date, if other than the date of filing:	Pursuant to 605.03 will not be listed	207 (3)(b l as the
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. he 90th day after the record is filed.	on the earlier	of:
Date	December 12, 2018		
	Signature of a member or authorized representative of a member		
	José R. Alvarez		

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Typed or printed name of signee

Filing Fee: \$25.00