## 118000202316

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## **COVER LETTER**

Division of Cor	porations				
JAH Holdi SUBJECT:	ng Group LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
		•			
The analysed Swinler of	Amendment and fee(s) are sub	without for filing			
Please return all correspo	ondence concerning this matter	to the following:			
	Carlos Gonzalez				
		Name of Person			
	JAH Holding Group LLC				
		Firm/Company			
	2365 Tallahassee				
	<del> </del>	Address	<del></del>		
	Weston, Fl 33326				
		City/State and Zip Code	· <del></del>		
	E-mail address: (	to be used for future annual report notifi	ication)		
For further information c	oncerning this matter, please c	all:			
Carlos Gonzalez		786 660-6282			
Name o	f Person		Telephone Number		
Enclosed is a check for t	he 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)		
	ING ADDRESS:	STREET/COURI			
	ration Section on of Corporations	Registration Section Division of Corporations			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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   [Name of the Limited Liability Company as it now appears on our records.]  [Name of the Limited Liability Company as it now appears on our records.]  [Name of the Limited Liability Company of the limited liability Company here:  [Name of the Limited Liability Company as it now appears on our records.]  [Name of the Limited Liability Company of the limited liability Company of the limited liability Company here:  [Name of the Limited Liability Company as it now appears on our records.]  [Name of the Limited Liability Company of the limited liability Company of the limited liability Company of the limited liability Company.]	_ and assign	ied
Florida document numberL18000202316  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:	_ and assigr.	ned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:		
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 abbre		
	viation "L.L.C	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SECH DIVISIO
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	မ	- 55. - 57. - 4.
Enter new mailing address, if applicable:	_	SAL
(Mailing address MAY BE A POST OFFICE BOX)		200
(multing dataress MAT BL AT 037 OF FICE BOA)	••	<u> </u>
<del></del>	<del></del>	<del>- 2</del> -
B. If amending the registered agent and/or registered office address on our records, <u>enter th</u> registered agent and/or the new registered office address here:	e name of	the ne
Name of New Registered Agent:		
New Registered Office Address:  Enter Florida street address		·· <del>·</del>
, Florida		
City	Zip Code	

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
MGR	Jose Baladi	2365 Tallahassee	
		Weston, Fl 33326	P Damaya
			☐ Change
MGR	Mauricio Davis	2365 Tallahassee	
		Weston, Fl 33326	■ Remove
		<del></del>	Change
AMBR	Jose Baladi	2365 Tallahassee	
		Weston, F1 33326	Remove
			Change
AMBR	Mauricio Davis	2365 Tallahassee	
		Weston, Fl 33326	□ Remove
		<del></del>	□ Change
			□ Remove
			Change
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			Remove
			☐ Change

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. Effective d	late, if other th	an the date of f	iling:			(optional)	
(If an effective	e date is listed, the c e date inserted in	ate must be specifi	c and cannot be pr	ior to date of filing licable statutory	or more than 90 da filing requireme	ays after filing.) Pu nts. this date will	rsuant to 605.0 I not be listed
	s effective date or				3 1	,	
the record  The 90t	specifies a de th day after th	elayed effective e record is fil	ve date, but i ed.	not an effecti	ve time, at 17	2:01 a.m. on	the earlier
. Aug	gust 27		2018				
Dated		<del></del>	<u> </u>	······································			
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Typed or printed name of signee

Filing Fee: \$25.00