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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JAH 7PP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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T. LETTEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

••	<b>₹</b>		, <b>*</b>	<b>.</b>	<b>&gt;</b> *
đ	JAH 7PP LLC				
	( <u>Name of the Lir</u>	nited Liability Compa (A Florida Limited	any as it now appears on o Liability Company)	ur records.)	
	cles of Organization for this Limited ocument number L18000208720	Liability Company	were filed on $\frac{08/31/20}{}$	18	and assigned
his ame	endment is submitted to amend the fo	llowing:			
v. If am	ending name, enter the new name	of the limited liab	oility company here:		
he new na	ame must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			2050 Coral Way, Ste-	405	
Principa	al office address MUST BE A STRI	EET ADDRESS)	Miami, Florida 33145		
Enter new mailing address, if applicable:  ( <u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered office agent and/or the new registered office address here:			2050 Coral Way, Ste -		
			Milatin, Frontea 33143	<del></del>	262
			address on our record	s, enter the name of	the new registe
gencan	d/of the new registered office addi	ess here.			ب م
	Name of New Registered Agent:	Corporate Crea	ations Network Inc.		
New Registered Office Address.		801 US Highw	ay 1 Enter Florida ytra		7
		North Palm Be	ach Civ	, Florida 33408	'in Code
			L the	/	an 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.



Saray Djidji, Special Secretary

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	Ivan Rodriguez	2050 Coral Way, Ste 405	□Adid
		Miami, Florida 33145	
			<b>⊞</b> Change
MGR	Gloria Gomez	2050 Coral Way, Ste 405	DAdd
		Miami, Florida 33145	□Remove
			<b>■</b> Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
<del></del>			🖸 Add
			□Remove
			Change
		- Alberta	□Add
		40	□Remove
			□Change

(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 y filing requirements, this date will not be listed as
a.m. on the earlier of: (b) The 90th day after the
ntative of a member