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(Re	equestor's Name)	
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COVER LETTER

TO: Registration: Division of C				
	iques LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
	oondence concerning this matter			
	Orlando Hoyos, CPA			
		Name of Person		
	Hoyos & Aguilar, P.A.			
		Firm/Company	<u> </u>	
	814 Ponce de Leon Blvd.,	Suite 310		
		Address		79
	Coral Gables, FL 33134			Mar Ships
		City/State and Zip Code		-ई । ,**
	oh@hacpas.net			:n !
	E-mail address: (to be used for future annual report notifi	cation)	
For further information	concerning this matter, please c	all:		್ %
Orlando Hoyos, CPA		305 444 - 2500	•	
Name	of Person		Telephone Number	
Enclosed is a check for	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 Certificate o Certified Co tadditional copy	f Status & py
ده Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COURI Registration Section Division of Corpora	1	

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&M Antiques LLC (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 $\frac{10/08/2018}{10}$ _____ and assigned Florida document number ______1.18000238290 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 "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
MBR	Juan Miguel Picerno Deus	814 Ponce de Leon Blvd Ste 310	□ Add
		Coral Gables, FL 33134	
			Remove
			□ Change
MBR	Juan Manuel Picerno Deus	814 Ponce de Leon Blvd Ste 310	_X Add
		Coral Gables, FL 33134	·
			☐ Remove
			Change
			* * *
			Add
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more one: If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective tim The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlie	er o
nted Oct 30 . 2018.		

Page 3 of 3

Filing Fee: \$25.00