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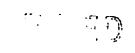
TO: Registration S Division of Co			•
CUBICCT	JORA Leasing,	II.C	. ,
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of	f Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	Jorg	ye L. Perez	
		Leasing, LLC	
	7500 NW :	25 \$5Treet, Sui	te 107
-	Miami,	FL 33122 City/State and Zip Code	
	Topical	City/State and Zip Code	00.4
	UOYE HOLL E-mail address: (to	DINGS C GMAIL be used for future annual report notif	ication)
For further information	concerning this matter, please cal	l:	
JORGE	PEREZ	at ( <u>786</u> ) 306	
Name	of Person	Area Code Daytim	e 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O		<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 63	•	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## TO ARTICLES OF ORGANIZATION OF



JORA leasing	3, LLC. 2020 APT 30 AM 7:
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)
	ompany were filed on $10/18/2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	
The new name must be distinguishable and contain the words "Limit	MEN CONVOY, LLC. ed 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 ADDRE	7500 NW 25 ST, Suite 107
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1 SAME 1
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new reg
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida strept address
	Florida
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	nd agree to act in this capacity. I further agree to comply we implete performance of my duties, and I am familiar with an end as provided for in Chapter 605, F.S. Or, if this document office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent
/	it Changing registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
AMBR	Daniela M. Perez	7500 NW 25 ST, Suite 107	_ Avad
		Miami, FL 33122	□Remove
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Effective date, if other than (If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the second seco	is block does not meet	the applicable statutory	<b>cop</b> g or more than 90 days aff filing requirements, ti	tional) er filing.) Pursuant to 605. nis date will not be liste
ne record specifies a delayed efford is filed.	ective date, but not an e	effective time, at 12:01 :	a.m. on the earlier of:	(b) The 90th day after
Dated April 27		2020		
ı	T-0	2-		
	Signature of a mem	ber or authorized represen	tative of a member	· <del>-</del>
	エッ	- 1 200	<del>-</del> 7	
	<u> </u>	E L. PERC oed or printed name of sign	<u>ب ب</u>	

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