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SECRETARY OF STATE
TALLAHASSEE, FI

## **COVER LETTER**

TO:	Registration Se Division of Cor			
CHD III		D INVESTMENTS LLC		
SUBJEC	υΙ: <u> </u>	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	<u>-</u>	
		JUAN GERMOSEN	to me tono amg.	
			Name of Person	
			Firm/Company	
		10380 SW 15 STREET		
			Address	
		PEMBROKE PINES FL 3	3025-4706	
		vjp2011@aol.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For furth	ner information c	oncerning this matter, please ca	all:	
JUAN C	GERMOSEN		646 5330364	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>■ \$25</b> .	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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & L LAND INVESTMENTS LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records. nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/24/2018	and assigned
Florida document number 1.18000248876		
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:	<del></del>	
(Principal office address MUST BE A STREET ADDRES.	<u></u>	
	<del></del>	
Enter new mailing address, if applicable:		202 SE
(Mailing address MAY BE A POST OFFICE BOX)		Z NO
B. If amending the registered agent and/or registered of		LA V
	ya 11	2 F
B. It amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter ti</u>	
- 1111-11		STA: E, FL
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip 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.

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>	Name	Address	Type of Action
MGRM	TANYA BONILLA	10380 SW 15 STREET	<b>=</b> Add
		PEMBROKE PINES, FL 33025-4706	□Remove
			□ Change
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Signature of a member or authorized representative of a member	d October 27	2022	
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JUAN GERMOSEN	IIIAN GERMOSEN		

Filing Fee: \$25.00