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COVER LETTER

	of Corporations						
JAL- SUBJECT:	MEX LLC						
Name of Limited Liability Company							
The enclosed Artic	eles of Amendment and fee(s) are sub	omitted for filing.					
Please return all co	orrespondence concerning this matter	to the following:					
	ALEJANDRO PICHARD	00					
	ACCOUNTING CENTER	Name of Person					
	Firm/Company 1706 E SEMORAN BLVD STE 103						
	APOPKA, FL 32703	Address					
	City/State and Zip Code APICHARDO@ACCOUNTINGORL.COM						
	E-mail address:	(to be used for future annual report notifi	ication)				
For further inform	ation concerning this matter, please c	call:					
ALEJANDRO PICHARDO		407 574-7340 at ()					
:	Name of Person	Area Code Daytime	Telephone Number				
Enclosed is a chec	k 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAL-MEX LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our re ited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/30/2018	and assigned
Florida document number L18000277193		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he 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 ADDRES.	<u> </u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		3.E.C.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ords, enter the name of the
Name of New Registered Agent:		7 1 2: 17 2:
New Registered Office Address:		
	Enter Florida street ad	tdress
		. Florida
	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 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>	Name DEDIT I DOPPOLICIONA	Address	Type of Action
MGR	DEIRE I RODRIGUEZ	644 N WEKIVA SPRINGS RD	= Add
		APOPKA, FL 32712	
			□ Remove
			□ Change
MGR	MARTIN RODRIGUEZ ALVAREZ	644 N WEKIVA SPRINGS RD	_
		APOPKA, FL 32712	
			■ Remove
			☐ Change
			U Change
			☐ Remove
			□ Change
			Remove
			Change
			O Add
			☐ Remove
			☐ Change
			
			□ Remove
			☐ Change

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(If an et Note:	tive date, if other than the date of flective date is listed, the date must be spe If the date inserted in this block document's effective date on the Department	cific and cannot be prior to dat es not meet the applicable s	(optional) e of filing or more than 90 days after filing statutory filing requirements, this date	g.) Pursuant to 605,0207 (3)(
	ecord specifies a delayed effect e 90th day after the record is		effective time, at 12:01 a.m.	on the earlier of:
Dated	1 JULY 26	2016		
		1/		

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Typed or printed name of signee

Filing Fee: \$25.00