

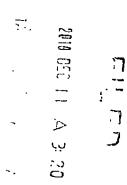
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COVER LETTER

TO: Registration Se Division of Cor				
JJ Gold Re	alty, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jenny Garcia			
		Name of Person		
				2616
		Firm/Company		F.
	3398 W 80th St. #202			
		Address		· - · · · · · · · · · · · · · · · · · ·
	Hialeah, FL 33018			-
	jjgoldrealty@gmail.com	City/State and Zip Code		20
	E-mail address: (to be used for future annual repor	rt notification)	
For further information of	concerning this matter, please c	all:		
Jenny Garcia		305 431-113		
Name (of Person	at () Area Code D	Paytime Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed	Certified (e of Status &
Regist Divisio	ING ADDRESS: ration Section on of Corporations lox 6327	STREET/CC Registration S Division of C Clifton Build	'orporations	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JJ Gold Realty, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L18000277469	Company were filed on 12/03/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- F- G-
(Principal office address MUST BE A STREET ADDI	RESS)	= 7
(1) melyan office and the second		(7)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		بي
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	ida Zıp Code
	COL	r 14. 22. 11.

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>	<u>Name</u>	Address	Type of Action
AMBR	Yolaimy Goldstein	9601 Collins Avenue Bal Flarbour, FL 33154	Add
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			☐ Change
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ective date, if other than the d reffective date is listed, the date must be te: If the date inserted in this bloc	se specific and cannot be prior to dank does not meet the applicable	te of filing or more than 90 days afte statutory filing requirements, th	r filmg.) i' is date wi	ursuam to 605 02 Il not be listed :
rument's effective date on the Dep	artment of State's records.			
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record specifies a delayed (The 90th day after the recor	effective date, but not an d is filed.	enective time, at 12.01	a.m. or	i die earlier
December 6th	2018			
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12/11/11/11/11				

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Filing Fee: \$25.00