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COVER LETTER

TO:	Registration S Division of Co				
SUBJE	JEHANE I	.I.C			
1700,117	Name of Limited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	etum all corresp	ondence concerning this matter	to the following:		
		JUAN FRANCISCO GON	ZALEZ		
		JEHANE LLC	Name of Person		
			Firm/Company		
		1949 NE 172ND ST SUIT	E 3		
		 	Address		29
		NORTH MIAMI BEACH.	FL 33162		IN DEC
		jfhane@gmail.com	City/State and Zip Code		2010 DEC 17 PH
		E-mail address 4	to be used for future annual report nouth	cation)	
For furth	ner information of	concerning this matter, please ca	ill:		F. F. W
CLAUL	DIA GONZALE:	S	305 588-1916		2 · · · · · · · · · · · · · · · · · · ·
	Name o	of Person		Telephone Number	
Enclosed	d is a check for t	he following amount:			
□ \$2 5.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
		ANG ADDRESS:	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEHANE LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) oility Company)			
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{1.18000283149}{1.18000283149}$.	ere filed on 12/10/2018	and ass	igned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	y company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L	LC"	_
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 registered agent and/or the new registered office address here:	re address on our records, enter	he name	of the	new
		Ž.,	2018	
Name of New Registered Agent:		~	<u></u>	
New Registered Office Address:				**************************************
	Enter Florida street address		7	- 4 - 2 - 4
	Florida	···	<u></u>	
	City	Zip Göde	.'›	-
New Registered Agent's Signature, if changing Registered Agent:		$\tilde{\gamma}_{i,j}$		

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LUIS MORENO	1949 NE 172 #3, NORTH MIAMI BEACH, FL 33162	Add
			Remove
	JOSIENE CONCEICAO DE	1949 NE 172 #3, NORTH MIAMI	☐ Change
MGR	MIRANDA	BEACH, FL 33162	
			□ Remove
			Change
			Add
			Remove
			Change
			Add 20 Change
			□ Add ro
			□ Change
			□ Add
			□ Remove
			Change

D. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
			
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E. Effect	tive date, if other than the date of filing:	nt to 605 ()207 (3)(b Las tho
	nent's effective date on the Department of State's records.	t be insec	i as me
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earliei	r of:
Dated	December 14th 2018		
	Signature of a member of authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00