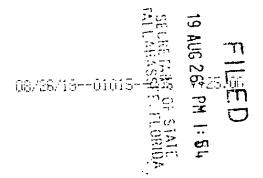
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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Ві	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Div	rision of Corpo	orations			
SUBJECT:	JLJV3, LLC				
30000001.		Name of Limit	ed Liability Company		
The enclosed	d Articles of Ar	mendment and fee(s) are subm	nitted for filing.		
Please return	all correspond	lence concerning this matter to	the following:		
		Juan Urbina			
			Name of Person		
		JLJV3, LLC			
			Firm/Company		
		9112 Limetree Lane			
			Address		
		Pembroke Pines, FL 33024			
		jrmoneysolutions@gmail.cor	City/State and Zip Code n		
		E-mail address: (to	be used for future annual re	port notification)	
For further in	nformation con	cerning this matter, please cal	1:		
Juan Urbina			305 753- at ()	7393	
	Name of P	erson	Area Code	Daytime Telephone	Number
Enclosed is a	a check for the	following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) (0.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)

TO:

Registration Section

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

JLJV3, LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabi	is it now appears on our records.) lity Company)
he Articles of Organization for this Limited Liability Company were orida document number L18000292083	re filed on 12/21/2018 and assigned
his amendment is submitted to amend the following:	
. 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."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	19 ALL
	A.C. 71
-	₩ N —
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	200
	> 5
. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	e address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin Coda

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>	<u>Address</u>	Type of Action
MBR	Pastoriza, LLC	2818 SW 177th Ave	
		Miramar, FL 33029	
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			Change
			
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Note: If the	te, if other than that is listed, the date inducted in this	block does not	meet the ap	plicable statu	filing or more the tory filing requ	(option of the contract	onal) filing.) Pursua date will no	nt to 605.02 t be listed
document's e	ffective date on the	Department of	State's reco	rds.				
	pecifies a delay day after the re			not an eff	ective time,	at 12:01 a	.m. on the	earlier
Dated &	-22-19.		. 11	_				
			1//	1				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00