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(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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Amend

MAY 19 ZUZU I ALBRITTON

COVER LETTER

TO:	Registration Secti Division of Corpo	rations		
eun n	ror.	27	JY3 LLO	
SUBJ	ECI:	Name of Lim	ited Liability Company	-
The en	closed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
		Juo	Name of Person	
		<u> </u>	JV3 LLC Firm/Company	
		9112 lin	etree lane	
		Penbrok.	City/State and Zip Code	L 33024
		E-mail address: (UEYSO LUTTOWS to be used for future annual report notif	anail. com
For fu	rther information con	cerning this matter, please co	all:	
	Juan U Name of P	rbing	at (305) Area Code Daytime	753-7393 Telephone Number
Enclos	sed is a check 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:		Street Address:	

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

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

777	13,LLC		-	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability C Florida document number <u>L\800039308</u>		8106/1961	_ and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	ation "LLC" or the abbre	eviation "L.L.C	7. P
Enter new principal offices address, if applicable:			~	
(Principal office address MUST BE A STREET ADDR	(ESS)		920	 -
			· [](
			30	
Enter new mailing address, if applicable:			=======================================	1:
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our recor	ds, <u>enter the name (</u>	of the new r	<u>egistered</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida s	treet address		
		, Florida	<i>a a a a a a a a a a</i>	
	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

Title	<u>Name</u>	<u>A</u>	ddress		Type of Action
NGR.M	NOETHWEST H	DAES CIC	34 104F1	6th AVE	□Add
		عدد. -	Miani, F	7 33160	Remove
			<u> </u>		□Change
MBR	PASTORIZA	suc.	2818 SW	3VA FFI	<u>-</u> □Add
		_	MIRMAR,	FZ 33009	Remove
•		_			🗆 Change
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Note:	ve date, if other than the date of filing:	5.0207 ed as
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte ed.	r the
Dated ₋	64/24 /2620	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00