

# L19000011099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

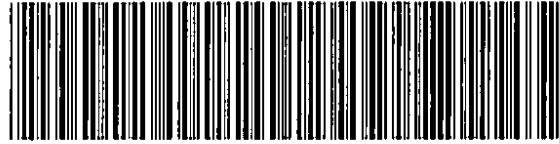
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 OCT 14 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2022 OCT 14 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from account: 120210000160 Amount: paid: \$25.00

Authorization Signature

JOCHE 8, LLC L19000011099

Business Name

Document #

☐ Photocopy

☐ Certified Copy (s) Articles of Organization

☐ Certificate of Status

**NEW FILINGS**

☐ FOR Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ CORP  
☐ LLLP

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

☐ ARTICLES OF CORRECTION

☐ APOSTIL ()

Country

**AMMENDMENTS**

☒ Amendment  
☐ Resignation or Officer/Director  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Merger  
☐ Conversion  
☐ Articles of Conversion  
☐ Resignation

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JOCHE S, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA Z. GREEN

\_\_\_\_\_  
Name of Person

JONATHAN H. GREEN & ASSOCIATES, P.A.

\_\_\_\_\_  
Firm/Company

901 PONCE DE LEON BOULEVARD, SUITE 601

\_\_\_\_\_  
Address

CORAL GABLES, FLORIDA 33134

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA Z. GREEN

305 327-5100

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed 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:

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

Street Address:

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

FILED

7077 OCT 14 AM 10:47

JOCHE 8, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on JANUARY 09, 2019 and assigned  
Florida document number L19000011099

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The 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:

1100 BRICKELL BAY DRIVE, UNIT 310010

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FLORIDA 33131

Enter new mailing address, if applicable:

1100 BRICKELL BAY DRIVE, UNIT 310010

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA 33131

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Laga, Joel

New Registered Office Address:

1100 BRICKELL BAY DRIVE, UNIT 310010

*Enter Florida street address*

MIAMI

*City*

Florida 33131

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOCHE HOLDINGS, LLC	1722 SHERIDAN STREET, #364	<input type="checkbox"/> Add
		HOLLYWOOD, FLORIDA 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LAGO 2022, LLC	1100 BRICKELL BAY DRIVE, UNIT 310010	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

ד  
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7709 OCT 14 AM 10:47  
SECRET  
TALLAHASSEE, FL

**F. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 12, 2022

Signature of a member or authorized representative of a member

JOEL LAGO, TRUSTEE, GP, MANAGER

Typed or printed name of signee

**Filing Fee: \$25.00**