L19000038897

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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2019 FEB 28 PM 3: 07 SECRETARY OF STATE TALL SHEEF FLORID

APPROVEU AND FILED

3/04/19

COVER LETTER

		ation Sect n of Corpo						
SUBJEC		44LJ LLC	•					
SUBJEC			Name of Lin	ited Liability Company				
The encl	losed Art	ticles of A	mendment and fee(s) are sub	mitted for filing.				
Please re	eturn all o	correspond	dence concerning this matter	to the following:				
			Juan Gronlier					
				Name of Person				
			N244LJ LLC					
				Firm/Company				
			9830 SW 77th Avenue, 10	5		7-82 1-82 1-82 1-82 1-82 1-82 1-82 1-82 1	201	
				Address		ATTA	3 7 6	
			Miami, Florida 33156				2019 FEB 28	FEA
				City/State and Zip Code		21.4 mg		ON ON
			jgronlier@aol.com		×	= FST	P ¥ ω	
For furth	ner inforr	nation cor	ncerning this matter, please c	to be used for future annual report noti all:	neation)		<u>ઃ</u> 07	
Itzel Gro	onlier			305 300-3985				
		Name of I	Person		e Telephone Number			
Enclosed	l is a che	eck for the	following amount:					
\$25.0	00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status		
		Registrat	GADDRESS: ion Section of Corporations	STREET/COURI Registration Section Division of Corpor	n			

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N244LJ LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1,19000038897	were filed on 02/07/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	70
(Principal office address MUST BE A STREET ADDRESS)	APPRO FILE
Enter new mailing address, if applicable:	THE PROPERTY OF THE PROPERTY O
(Mailing address MAY BE A POST OFFICE BOX)	3: 01
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida <u>33156</u>
	Cins Zin Crula

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 the zip codes should be 33156	
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Effect	e date, if other than the date of filing: (optional)	
f an eff	tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	
	it's effective date on the Department of State's records.	
	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 600 0000 day after the record is filed.	of:
Dated	ebruary 22,	
	$(\mathcal{A}/\mathcal{A}/\mathcal{A})$	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00