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TO;				
454 (15.4)	New		DUP L L C	
SUBJ	EC1:	Name of Lim	ited Liability Company	
The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: DEYANIRE GONZALEZ				
Please	return all correspo	ndence concerning this matter	to the following:	
			DEYANIRE GONZALEZ	
		ALL AMERIC		TION SERVICES
		050	• •	# 1002
		930 (S. FINE ISLAND NO A-130 SOME	# 1003
			PLANTATION FL 33324	
		AVNET_MIAMI@HOT		
		E-mail address: (to be used for future annual report no	ification)
For fu	rther information c	oncerning this matter, please c	all:	
	DEYANIRE GO	ONZALEZ		
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ S2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registr	ation Section	Registration Secti	on

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

JLP GENIUS (GROUP LLC			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears of Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number		02/07/2019	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited ligh	oility company here	::		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	ignation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		·		
(Principal office address MUST BE A STREET ADDRESS)	950 S PINE ISLAND RD A-150 OFFICE # 1007			
	PLANTATION, F	L 33324		
Enter new mailing address, if applicable:	950 S PINE ISLA	AND RD A-150 OF	FICE # 1007	
(Mailing address MAY BE A POST OFFICE BOX)	PLANTATION, F	L 33324		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		our records, <u>ente</u>	r the name of the n	
New Registerer Office Attaless.	Enter Florid	a street address . Florida	#H 12:	
 -	City		Zip Code o	

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
MGR	ANA MARIA VELEZ VERGARA	950 S PINE ISLAND RD A-150 OFFICE # 1007PLANTATION, FL 33324	∃ Add
			Remove
		<u></u>	
			□ Remove
		<u> </u>	☐ Change
			□ Remove
			Change
			☐ Remove
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If an et Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier α 90th day after the record is filed.
Dated	Mules
	Signature of a member of authorized representative of a member
	JUAN C VELEZ VERGARA

Page 3 of 3

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