L190000 47780

(Re	equestor's Name)	
(Ac	ddress)	
	idress)	
(AC	idless)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(D)	usiness Entity Name)	
(Bt	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
ento II	MBJJ GRO			
SUBJI	ECT:		ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JUAN J BERMUDEZ		
			Name of Person	
			Firm/Company	
		9143 SW 77TH AVE B702	2	
			Address	
		MIAMI FL 33156		
		JUANB2K1@GMAIL.COM	City/State and Zip Code 1	
		E-mail address: (t	to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
JUAN	BERMUDEZ		203 2527780 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	5.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MBJJ GROUP LLC					
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on (Liability Company)	our records.)		
The Articles of Organization for this Limited L Florida document number L19000047780		y were filed on $\frac{02/19/20}{}$	119	and assig	gned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lia	bility company here:			
The new name must be distinguishable and contain the	words "Limited Liab	 oility Company," the designa	ation "LLC" or the abb	reviation "L.L	C."
Enter new principal offices address, if appli	cable:		<u>.</u>		
(Principal office address MUST BE A STRE)	ET ADDRESS)				
Enter new mailing address, if applicable:				19	
Mailing address MAY BE A POST OFFICE	BOX)			AR I	<u></u>
				<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of			records, <u>enter 1</u>	he namero	f the no
Name of New Registered Agent:	BERMUDEZ	, JUAN J			
New Registered Office Address:	9143 SW 77T	H AVE B702			
		Enter Florida st	reet address		
	MIAMI		Classica, 331	56	

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.

City

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	BERMUDEZ, JUAN J	9143 SW 77TH AVE B702 MIAMI, FL 33156	Add
			□ Remove
			□ Change
MGR	BERMUDEZ, JUAN J. SR.	9143 SW 77TH AVE B702 MIAMI, FL 33156	
			■ Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Remove
			Change
	- -		□ Add
			Remove
			□ Change

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Note: 1	e date, if other than the date of filing:
) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Oth day after the record is filed.
	10 0 A d
Dated _	MARCH 1017. 12019.
Dated _	MARCH 10 ⁷⁴ 2019 Signature of a member or authorized representative of a member

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Filing Fee: \$25.00