

11/16/2019 03:20 PM FAX 3058421010

Division of Corporations

SCL INC

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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (950) 417-6381

From:  
Account Name : SERVICIOS COMUNITARIOS LATINOS INC  
Account Number : 12008000000  
Phone : (305) 642-1040  
Fax Number : (305) 642-1010

\*\*Enter the email address for this business entity to be used for future annual report filings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMEND/RESTATE/CORRECT OR M/MG RESIGN  
JRP CONSTRUCTION OF MIAMI, LLC.

Certificate of Status	0
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11/16/2019 03:20 PM

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NOV 18 PM 7:23  
SCL INC

NOV 16 2019

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11/16/2019, 1:19 PM

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JRP CONSTRUCTION OF MIAMI 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:

JOHANNA D ESPINOZA

Name of Person

Firm/Company

1951 NW S. RIVER DR #1508

Address

MIAMI, FL. 33125

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at ( )  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JRP CONSTRUCTION OF MIAMI LLC

2019 NOV 18 P 7:43

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

The Articles of Organization for this Limited Liability Company were filed on 03/20/2019 and assigned  
Florida document number L19000078571

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:

1951 NW S. RIVER DR # 1508

(Principal office address **MUST BE A STREET ADDRESS**)

MIAMI, FL. 33125

Enter new mailing address, if applicable:

1951 NW S. RIVER DR # 1508

(Mailing address **MAY BE A POST OFFICE BOX**)

MIAMI, FL. 33125

**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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

H140003361900

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>
AMBR	FRANKLIN GUILLERMO CHAMORRO HERNANDEZ	1951 NW S RIVER DR #1508	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33125	<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

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

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
 \_\_\_\_\_ (date of filing or more than 90 days after filing)

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 605.0707 (3)(b)  
If the effective date is not listed, the date must be the date of filing. If the date of filing is not listed, the date must be the date of filing. If the date of filing is not listed, the date must be the date of filing.

**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.

(b) The 90th day after the record is filed.

Dated 11/06 2019

06 \_\_\_\_\_ 2019 \_\_\_\_\_  
 X \_\_\_\_\_  
 \_\_\_\_\_  
 JOHANNA D ESPINOZA  
 \_\_\_\_\_  
 \_\_\_\_\_