## 19000082752

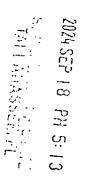
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Special Instructions to	o Filing Officer.	

Office Use Only



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## **COVER LETTER**

Div	rision of Cor	porations		
SUBJECT:	Jade 911 Ll	.c	·	
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter		
		Contan Alessan		
		Carlos Alcocer		
			Name of Person	
		Jade 911 LLC		
			Firm/Company	<del></del>
		1110 Brickell Ave, Suite 2	08	
			Address	<u> </u>
		Miami, Fl 33131		
			City/State and Zip Code	<del></del>
		johannunezr@gmail.com		
		E-mail address: (	to be used for future annual repor	t notification)
For further i	information c	oncerning this matter, please c	all:	
Johan Nune	z		305 776-876	03
	Name o	f Person		aytime Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	alling Addres		Street Addre Registration	
		Corporations		Corporations

P.O. Box 6327 Tallahassee, FL 32314

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Registration Section

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jade 911 LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
e Articles of Organization for this Limited Liability Company	were filed on 03/25/2019	and assigned
orida document number L19000082752		
s amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	lity company here:	
new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
ter new principal offices address, if applicable:	1110 Brickell Avenue suite 208 Miam	i Florida LLC
incipal office address MUST BE A STREET ADDRESS)		
ter new mailing address, if applicable:	1110 Brickell Avenue suite 208 Miarr	i Fl 33131
ailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	ddress on our records, enter the na	me of the new registe
		202 5⊴
Name of New Registered Agent:		2024 SEP
New Registered Office Address:		
	Enter Florida street address	S PH
	, Florida	m, =
	City	Zip Code

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.

New Registered Agent's Signature, if changing 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 = AMBR =	Manager Authorized Member		fit i
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			🗀 Add
			□Remove
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fective d	ate, if other than the date (	of filing:	(optional) late of filing or more than 90 days after filing.) Pursuant to 605.0
n effective	date is listed, the date must be speedate inserted in this block do	eific and cannot be prior to d	late of filing or more than 90 days after filing.) Pursuant to 605.0 e statutory filing requirements, this date will not be listed
	effective date on the Departm		
ecord spe is filed.	cifies a delayed effective date,	but not an effective time	, at 12:01 a.m. on the earlier of: (b) The 90th day after
		2024	
ited			
ited	Carlos Alcocer	dotioop verified 09/11/24 5:21 PM EDT GSUN-TORG GCP1-00FC	
ated	Carlos Alcocer	09/11/24 5:21 PM EDT GSLN-TQJR GCP1-0CFC	ed representative of a member

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Filing Fee: \$25.00