## L19000111Z10

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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

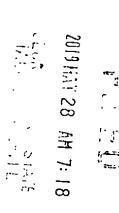
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05/29/19--01017--027 \*\*25.80

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R. WHITE



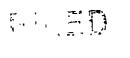
## **COVER LETTER**

TO:		istration Sec ision of Corp		•	
SUBJE	СТ•	JJTM INVE	STMENT S LLC	. •	
OBJE	C 1.		Name of Lim	ited Liability Company	
The ene	losed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn	all correspon	ndence concerning this matter	to the following:	
			MARIA ELENA INFANT	E	
			BESTAX ACCOUNTING	Name of Person	
			6726 N STATE RD 7	Firm/Company	
			COCONUT CREEK, FL 3	Address 3073	<del></del>
			INFO@BESTAXACCOUN		
				to be used for future annual repor	t notification)
For furtl	her in	formation co	oncerning this matter, please ca	all:	
MARIA	ELI	ENA INFAN	TE	954 969-999 at ( )	)2
		Name of	Person	Area Code D:	aytime Telephone Number
Enclose	d is a	check for th	e following amount:		
\$25.	.00 F	iling 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)
		MAILI	NG ADDRESS:	STREET/CO	URIER ADDRESS:

Registration Section Division of Corporations 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



2019 HAY 28 AH 7: 18

JJTM INVESTMENTS LLC

(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 APRIL 24,2019	and assigned
Florida document number <u>L19000111210</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "Li.C" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	istored affice address on our records or	ston the name of the
registered agent and/or the new registered office add		ner the name of the
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Audiess.	Enter Florida street address	·
	Florid	aZip Code
	, 1 10 LG	S.A.

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 at or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JULIO CESAR TALLAFERRO	2823 FOREST HILL BLVD SUITE 5, CORAL SPRINGS FL	
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	04/22/2019	
E. Effective date, if other than the		(optional)
(If an effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	lock does not meet the applicab	(optional)  date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 de statutory filing requirements, this date will not be listed as the
If the record specifies a delayed (b) The 90th day after the rec		an effective time, at 12:01 a.m. on the earlier of:
Day of MAY 23.	2019	
Dated	·	- ·
Juan e	- TALLAFEOR	$\mathcal{C}D$ .
	Signature of a member or authorize	zed representative of a member
JUAN C TALLAFERR	O	
	Typed or printed:	name of signee

Page 3 of 3

Filing Fee: \$25.00