# L19000127760

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## COVER LETTER

TO:	Registration S Division of Co			
erno ne <i>r</i>		JB 2610 LLC		
SUBJE	CT:		ited Liability Company	<del></del>
The encl	losed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please n	eturn all corresp	pondence concerning this matter	to the following:	
		RITA FALCON		
			Name of Person	
		FRANKLIN LAW GROU	P	
			Firm/Company	<del></del>
		8181 NW 154 ST # 120		
			Address	<del></del>
		MIAMI LAKES, FL 3301	6	
			City/State and Zip Code	-
		RITA@FRANKLINLAW.	COM	
		E-mail address: (	to be used for future annual report nonit	ication)
For furth	ner information	concerning this matter, please ca	all:	
RITA F	ALCON		305 517-3758 at ()	
_	Name	of Person	Area Code Daytime	e Telephone Number
Enclose	d 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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CLUB 2610 LLC				
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>ds.</u> )	<del></del>	
The Articles of Organization for this Limited Liability Company were filed on 05/10/2019				
Florida document number L19000127760				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited I	liability company here:			
N/A				
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	C" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u>N/A</u>	;	201	
			90	
			- 10	
Enter new mailing address, if applicable:		:	2	
(Mailing address MAY BE A POST OFFICE BOX)	N/A	.,	λ. ·	
Assuming Business MITT DE 1X1 OOX OX XXOE DOLLY		·.	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	7	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ls, <u>enter th</u>	e name of the	
Name of New Registered Agent: N/A				
New Registered Office Address:				
	Enter Florida street addre	22		
	Fl	lorida		
	Cin		7 in 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

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>	Address	Type of Action
MGR	BRIAN MEJIA	555 NE 15TH ST	
			■ Remove
			Change
			Remove
			☐ Change
			□ Remove
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<u>ote:</u> If	date, if other than the date of filing:	ant to 605.020 of be listed a
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	e earlier o
ited	OVEMBER 19TH 2019	
	- Alast	
	Signature of a member or authorized representative of a member	
	//	

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Filing Fee: \$25.00