(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
,	
(Document Number)	
(Bootine it Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
•	

Office Use Only



400330903474

06/24/19--01034--028 **25.00

S TALLEN JUL 2 3 2019



July 9, 2019

.

JAIMES, JACKSON CREARQUITECTURA JAIBAU LLC 2873 BRYANT ST SAN FRANCISCO, CA 94110

SUBJECT: CREARQUITECTURA JAIBAU LLC

Ref. Number: L19000131152

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 919A00013801

Rec 7/22/19

COVER LETTER

Divisi	on of Corp	orations		
SUBJECT:	REARQUI	TECTURA JAIBAU LLC		
		Name of Limit	ted Liability Company	
The enclosed A	articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return al	l correspon	dence concerning this matter to	o the following:	
		JAIMES, JACKSON		
			Name of Person	
		CREARQUITECTURA JA	IBAU LLC	
Firm/Company				
		2873 BRYANT ST SAN FRANCISCO, CA 94	110	
			Address	
		2873 BRYANT ST SAN FRANCISCO, CA 94	110	
		CANDAEXPENSES@GMA	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report noti-	fication)
For further info	ormation co	neerning this matter, please cal	II:	
RAMOS, GISE			561 8144558 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a c	heck for the	e following amount:		
■ \$25.00 Fili	ng Fec	□ \$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:

TO:

Registration Section

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

CREARQUITECTURA JAIBAU LLC

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on Management 1997.	AY 15, 2019 and assigned
lorida document number L19000131152	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>ere</u> :
•	
he new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	ECCL JI
	F. 72
Enter new mailing address, if applicable:	22
Mailing address MAY BE A POST OFFICE BOX)	PH ST
	5° 5° 5° 5° 5° 5° 5° 5° 5° 5° 5° 5° 5° 5
	· ## -
 If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here: 	our records, enter the name of the r
Name of New Registered Agent:	
New Registered Office Address:	
	rida street address

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

. Florida

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	ALEXI MARQUEZ	2873 BRYANT ST	■ Add
		SAN FRANCISCO, CA 94110	Remove
			☐ Change
MGR	PERDOMO, YAZCEMINNE	2873 BRYANT ST	Add
	· · ·	SAN FRANCISCO, CA 94110	■ Remove
			□ Change
			☐ Remove
			□ Change
	·		🗖 Add
			Remove
			Change
			🗖 Remove
			☐ Change
			Add
			□ Remove
			☐ Change

	,		_ 	-	
					<u>.</u>
					<u>·</u>
			<u> </u>		
	•				
		<u> </u>			
	-		- · · · · ·		
· · · · · · · · · · · · · · · · · · ·	_				
					
	· ·				
Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this blo	date of filing:	e prior to date of fili	ng or more than 90 da	(optional) ys after filing.) Pursuar	nt to 605.02
document's effective date on the Do	partment of State's rec	cords.	y ming requiremen	is, this date will not	oc nsicu
he record specifies a delayed The 90th day after the reco	effective date, buord is filed.	it not an effec	tive time, at 12	:01 a.m. on the	earlier:
Dated	2019				
		nes J	lackson		
	Signature of a member of	r authorized represe	ntative of a member	- 	_

Page 3 of 3

Filing Fee: \$25.00