19000136694

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	

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Amend

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COVER LETTER

TO:	Registration Se Division of Cor			
CHIDI	JEMAJUIS	LLC		
SUBJ.	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		TAD GROUND		
		NUGENT & GROUND LI	Name of Person LC	
		2455 E. SUNRISE BLVD.	Firm/Company , SUITE 807	
		FORT LAUDERDALE, FI	Address L 33304	
		TAD@NGLAWFL.COM	City/State and Zip Code	
			to be used for future annual report notif	ication)
For fu	rther information of	oncerning this matter, please co	all:	
TAD (GROUND		954 537-1717 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	15.00 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

JEMAJUIS LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
he Articles of Organization for this Limited Liability Company w	were filed on 5/21/2019 and assigned
lorida document number L19000136674	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liabil	ity company here:
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	: -
HAMILES SHAT DE ATTOOT OF THE BOAY	
	—— —
. If amending the registered agent and/or registered offi egistered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
·	Enter Florida street address
	, Florida
	City 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

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
AP	MAURICIO LOPEZ	1111 CRANDON BLVD #C 1202 KEY BISCAYNE, FL 33149	Add
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change
		_	□ Remove
			Change
			D Add
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change

	
(If an e Note:	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	OCTOBER 15 2019

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00