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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Section Division of Corporation					
SUBJE	СТ:	JCM	Telecoro Name of Limi	Lingited Lic.	bityty Con	speak
The end	closed Articles of An	nendment	and fee(s) are sub	nitted for filing.		
Please	return all corresponde	ence conce	erning this matter (	o the following:		
			Ch	Name of Person	dez	
			JCM	Tele con LLC Firm/Company		<u> </u>
			14231 56	J 11 C1 <sup>th</sup> CVC.  Address		
			Mian	City/State and Zip Code		
	-	<u></u> .	E-mail address: (1	rien @i(mtele o be used for future annual n	COMS COM eport notification)	<u> </u>
For fur	ther information cond	erning thi	is matter, please ca	II:		
	Christian Name of Pe	Her erson	nandez	at ( 7 % (2 ) Area Code	838 - 8806 Daytime Telepho	one Number
Enclose	ed is a check for the f	ollowing	amount:			
₫ \$2:	5.00 Filing Fee		Filing Fee & ficate of Status	□ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Sec				tion Section	
	Division of Cor	poration	S	Division	of Corporation	ons

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JCM Telecon Lim	ited Licbility Company -
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	y were filed on Feb 14, 2020 and assigned
Florida document number <u>L19000144858</u> .	72
Tiorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	5540 SW 78th Street
(Principal office address MUST BE A STREET ADDRESS)	Apt D
	Micmi, FL 33143
Enter new mailing address, if applicable:	5540 SW 78th Street
(Mailing address MAY BE A POST OFFICE BOX)	Apt. D
	Miam: F1 33143
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	Christian Hernandez
New Registered Office Address:	Enter Florida street address
	Migro Florida 33143 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>	Name	Address	Type of Action
MGR	Jose, Hernandez	15020 an 132 avc.	
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(If an e <u>Note:</u>	tive date, if other than the date of filing:
f the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	
	C/A2
	Signature of a member or authorized representative of a member
	Christian Homano Signee  Typed or printed name of signee