

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

Office Use Only



500330201785

8€717719--61821--883 ••€38.88

FILED

19 JUN 17 PH 2: 11

SECRETARY OF STATE
FACE AHASSEE, FEORIDA

JUN 2 7 2019 T SCHROEDER

COVER LETTER

Division of Cor	porations		
JEVAL, LI SUBJECT:	.c		
NUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Johanna Melo		
		Name of Person	
	JQ Group LLC		
		Firm/Company	
	1300 Brickell Bay Drive S	uite 500	
		Address	
	Miami, FL 33131		
	jmclo@jqgroup.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi-	cation)
For further information of	oncerning this matter, please ca	ali:	
Alejandra Acuna		786 502-4950 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

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

JEVAL, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L19000145315	were filed on 05/31/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	≥¥ 19
	\$ -
Enter new mailing address, if applicable:	P IT
••	10 N
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered of	Fig. address on our resource enter the name of the
cgistered agent and/or the new registered office address here	
	-
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida strect address
	Emet Alorida sireci dadress
	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
AMBR	Jesus Quintero Yamin	1300 Brickell Bay Drive Suite 500 Miami FL 33131	Add
			☐ Remove
			Change
		_	□ Remove
			Change
			Add
			Remove Change
			Tog p (T)
			≥ □ Remove
			Change
	-,		
			□ Remove
			Change
			Add
			□ Remove
			☐ Change

		-	· · ·	_ :			
							
			 _				
			<u> </u>				
	·						
		.					
							
•							
					3.5		
						9	
			·		12 (A) 12 (B)	Œ	71
					<u>:27</u>	7	1
						-0	<u>[]]</u>
					80.1. V.S.	3	O
					5#	-	- -
	<u> </u>	<u>-</u>			>		
ffective date, if other tha	an the date of fi	ling:	1 001		(optional)		
an effective date is fisted, the dote: If the date inserted in	this block does no	ot meet the appli	cable statutory f	it more than 90 day iling requirement	s after tiling.) Pu s, this date will	rsuant to not be	listed a
ocument's effective date on	the Department	of State's record	S.				
e record specifies a de The 90th day after th			ot an effectiv	e time, at 12:	:01 a.m. on	the ea	arlier d
ated		2019					
ated	7	_ ·	·				
			norized representa				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00