## L19000158814

(Re	questor's Name)	
(Ad	dress)	<del> </del>
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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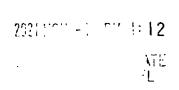
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21 K5V -1 F# 2: 45

T. MATTHEWS NOV 12 2021







October 15, 2021

BARBARA RUIZ-GONZALEZ PO BOX 833059 MIAMI, FL 33283

SUBJECT: JCA INVESTORS LLC Ref. Number: L19000158814

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

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 221A00025204

Tekayla T Matthews OPS

www.sunbiz.org

## COVER LETTER

	gistration Se vision of Cor						
SUBJECT:		STORS LLC					
SUBJEC.1;		Name of Lin	nited Liability Company	<del></del>			
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retur	n all correspo	ondence concerning this matter	to the following:				
		BARBARA RUIZ-GONZ	ALEZ				
			Name of Person	<del></del>			
	Name of Person  RUIZ-GONZALEZLAW PLLC  Firm/Company  PO BOX 833059  Address						
		1 1	Address  City/State and Zip Code  be used for future annual report notitication:				
		PO BOX 833059					
			Address				
		MIAMI, FL 33283					
		<del></del>	City/State and Zip Code				
		barbara@ruizgonzalezlaw.e					
		E-mail address: (	to be used for future annual report not	ification)			
For further i	nformation c	oncerning this matter, please c	all:				
BARBARA	RUIZ-GON	ZALEZ	•				
	Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclosed is	a check for th	ne following amount:					
<b>■</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			
	niling Addres			ection			
Di	vision of C	orporations	Division of Corporations				
	). Box 632		The Centre of				
1 a	Hahassee, I	ni, 54514	2415 N. Monro	e Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

21 HCY -1 FH 2: 46

JCA INVESTORS LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compar Florida document number <u>L19000158814</u>	ny were filed on JUNE 17, 2019	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or th	e abbreviation "L.1 .C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		***************************************
<ol> <li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li> </ol>	e address on our records, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Cire

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

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<u>Title</u>	Name	Address	Type of Action
MBR	AMADO J. CABRERA	9609 NW 67TH CT TAMARAC, FL 33321	□ Add
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Filing Fee: \$25.00