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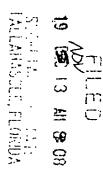
(Requestor's Name)
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DEC 12 2019 S. YOUNG

COVER LETTER

Division of Corp	porations		
3JM Invers	siones, LC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Ricardo Padron N		
	-	Name of Person	
	Edivial Commercial Real	Estate, LLC	
		Firm/Company	
	2828 Coral Way, Suite 500	0	
		Address	
	Miami, Florida, 33145		
		City/State and Zip Code	
	rhpadron@edivialir.com		
	E-mail address: (t	to be used for future annual report notif	lication)
For further information ec	oncerning this matter, please ca	all:	
Luis Plaz		954 666-2776	
Name of	Person	at ()	· Telephone Number
Enclosed is a check for the	e 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:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3JM Inversiones, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on

Florida document number

L19000179050

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strect ada	dress
_		FloridaZip Code

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Title	Name	<u>Address</u>	Type of Action
MGR	JHON E. RUIZ	2828 Coral Way, Suite 500 Miami, Florida, 33145	Add
			Remove
			Change
MGR	JOHN E. RUIZ ALVAREZ	2828 Coral Way, Suite 500 Miami, Florida, 33145	Add
			Remove
			□ Change
			□ Remove
			Change
		 	Add
			Remove
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			Add
		·	☐ Remove
		<u></u>	□ Change
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an effective date is list	ed, the date must be specifi	ic and cannot be prior to	date of filing or more th	an 90 days after filin	g.) Pursuant to 605.
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The 90th day a	fter the record is fi	led.	Λ		
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Page 3 of 3

Filing Fee: \$25.00