# 19000231170

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## **COVER LETTER**

#### TO: • Registration Section Division of Corporations

JUST JOCKEYS, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAITE MARTINEZ

Name of Person

Firm/Company

2210 NW 92 AVE

Address

DORAL, FL 33172

City/State and Zip Code

JUSTJOCKEY'SLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAITE MARTINEZ

Name of Person

786 474-6465 \_\_\_\_\_at (\_\_\_\_\_) \_\_\_\_\_ Area Code Dav

ode Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2022

MAITE MARTINEZ 2210 NW 92 AVENUE DORAL, FL 33172

SUBJECT: JUST JOCKEYS, LLC Ref. Number: L19000231170

We have received your document for JUST JOCKEYS, 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):

You can file with only one (1) registered agent and only one (1) signature; please correct your document.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 022A00021936

RECEVED

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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JUST JOCKEYS, LLC	<u>2022 1:57 - 1 P</u> :: 1:45
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2210 NW 92 AVE
(Principal office address MUST BE A STREET ADDRESS)	DORAL FL 33172
Enter new mailing address, if applicable:	2210 NW 92 AVE
(Mailing address MAY BE A POST OFFICE BOX)	DORAL FL 33172

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

Name of New Registered Agent:	MARTINEZ, MAITE		
New Registered Office Address:	2210 NW 92 AVE		
	Enter Florida street address		
	DORAL	, Florida <sup>33172</sup>	
	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.

Toolined 1

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	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
MGR	GUERRA, ALEXANDER	1808 NW 145 TERRACE	🗆 Add
		MIRAMAR FL 33028	🔳 Remove
			□Change
MGR	MARTINEZ, MAITE	2210 NW 92 AVE	■Add
		DORAL. FL 33172	🗆 Remove
			Change
			🗆 Add
			🗆 Remove
			🗖 Change
			🗆 Add
			Remove
			□Change
	<u> </u>		🗆 Add
			Remove
			Change
		· · · ·	🗆 Add
			🗆 Remove
			□Change

, D. If amending any other information. enter change(s) here: (Attach additional sheets, if necessary.)

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3,	
	<u> </u>

If the record 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 record is filed.

Dated	TT. 27
	Signature of a member or authorized representative of a member
	ALEXANDER GUERRA
	Typed or printed name of signee