## 119000 265541

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## **COVER LETTER**

TO:	Registration Sec Division of Corp					
SUBJE	CCT:	JNGR(	5 LLC ted Liability Company			
The end	closed Articles of A	Amendment and fee(s) are sub	nitted for filing.			
Please	return all correspor	idence concerning this matter t	o the following:			
		Jac	Same of Person  X House Miani Firm/Company			
			Name of Person			
		TA	X HOUSE MIANI			
			Firm/Company			
		301 N	DE 79 57 54a  Address	2		
		Mian	City/State and Zip Code	<b>8</b>		
		E-mail address: (t	TAX HOUSEMIAMI. o be used for future annual report notifica	tion)		
For fur	ther information co	ncerning this matter, please ca			ថ្ងឺ	
	Jacquel	ine Rosadi	at ( <u>784)</u> 415 - Area Code Daytime To	2009	3 1 W 1 2	ě
	Name of	Person	Area Code Daytime T	elephone Number	·5	
Enclose	ed is a check for the	e following amount:			25 24 25	
	5.00 Filing Fee	S30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.	5: 1.7	<u> </u>
<b>-</b> -	Time i ve	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status Certified Copy (additional copy is enclos		

MAILING ADDRESS:

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

INGRG LAC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Jiability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 19000265541</u> .  This amendment is submitted to amend the following:	were filed on $10/23/2019$ and assigned
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 Liabili	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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15 15 15 15 15 15 15 15 15 15 15 15 15 1
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	. m

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

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>P</u>	RICARSO CEUZ GARCIA	5635 W 13 AVE	Add
		Hialeah, FL 33012	Remove
			Change
MGR	BICARDO CRUZ GARCIA	5635 W 13 AVE	<b>X</b> Add
		Hialeah, FL 33012	□ Remove
			Change
			🗆 Add
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<u>iote:</u> If t	date, if other to date, is listed, the date inserted is effective date	in this block	does not m	ect the app	olicable sta	f filing or mor autory filing	e than 90 day requirement	s after filing.) s, this date v	Pursuant to 60 will not be lis	05.020° sted as
The 90	d specifies a Ith day after	the record	is filed.						on the earl	ier o
ated	Nove	mber	6 <sup>TH</sup> .	201	<u>19</u> .					
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