## 119000279946

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R. WHITE FEB 2.4 2020

## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT:	JOTAZETA GRO	OUP LLC	
	Name of Limit	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	NAVARRO,	ZULAY A Name of Person	
		Name of Person	
	JOTAZET	A GROUP LLC	
		Firm/Company	<del></del>
	13250 Su	) 4TH CT APT. G410	
		Address	
	PEHBR	OKE PINE, FL 330.	FC
	1011011	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
ZULAY A	NAVARRO	at (786) 641-1 Area Code Daytim	1530
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
See 323.00 Printing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration		Registration Sec	
Division of C P.O. Box 633	-	Division of Cor The Centre of T	<del>-</del>
P.O. Box 633	-	The Centre of T	<del>-</del>

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOTAZ	ETA GROU	P LLC		<u> 1 2:08</u>
(Name of the Limite	ed Liability Compar (A Florida Limited L	ny as it now appea liability Company)	irs on our records.)	
The Articles of Organization for this Limited Li Florida document number <u>L1900279</u>		were filed on _	11/12/20	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of				
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Company," the	designation "LLC" or ti	he abbreviation "L.L.C."
Enter new principal offices address, if applica		N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE I	BOX)		<del></del>	
B. If amending the registered agent and/or reagent and/or the new registered office addres		ddress on our	records, enter the i	name of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	Enter Flo	orida street address	
			, Florida	1
		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 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	PASQUARELLI, JUYO C	13250 SW 4TH CT PEMBROKE F	INES DAD
		FL 33027	<b> </b>
			□Change
AMBR	MARTINEZ, JUAN J	13250 SW 4TX CT PENBROKE	Pines DAdd
		FL 33027	■ Remove
			□Change
AMBR	YSALBA E NAVARRO	13250 SW 4TH CT PEMBROKE	<u>_ Pine</u> :□Add
		FL 33027	Remove
			□Change
	<del></del>		□Add
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an effe <u>ote:</u>	ve date, if other than the date of filing: 1/12/2019 (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ecord is file	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 ed.
ited _	JANUARY 22 , 2020.
	¥ /\ \\ \
	with lines.
	Signature of a member or authorized representative of a member