## L200000 22787

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

## **Division of Corporations** Modern Touch Renovations 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: Jonathan Woo Name of Person Medtech Search Consultants LLC Firm/Company 3021 State Road 590 Apt 620 Address Clearwater, FL 33759 City/State and Zip Code jonwwool@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jonathan Woo 813 570-4760 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & **1** \$25.00 Filing Fee ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wodern Toden Renovations Ease.		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability ConFlorida document number <u>L2000022787</u>	mpany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
JJ Capital Funding Group LLC		Description "L.L.C."  2020 APR 16  APASSITE APAS
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	
		202
		) * AP
Enter new mailing address, if applicable:		35 A
		Harris on the
(Mailing address MAY BE A POST OFFICE BOX)		——————————————————————————————————————
		<del> </del>
		· · ·
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	omice address on our records, enter the n	ime of the new register
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and I arent as provided for in Chapter 605, F.S. C	n familiar with and Or, if this document is

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
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fective date, if other than the date of filing:	date of filing or more than 90 days after filing.) Pursuant to 605.
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ecord specifies a delayed effective date, but not an effective time is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after
is fried.	
4/13/2020	
ted,	.·
Signature of a member or authorize	zed representative of a member

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