Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000306688 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

(D

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040

: (407)520-5473 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GRUPO JGA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help JOET NIS

COVER LETTER

	tegistration Sect Division of Corp			
orm mos	GRUPO JGA	LLC		
SUBJECT	1:	Name of Limi	ted Liability Company	-
The enclo	sed Articl e s of A	mendment and fee(s) are sub	nitted for filing.	•
Please reti	um all correspon	dence concerning this matter	to the following:	
		JUAN G ARANGO JARA	MILLO	_
			Name of Person	
		GRUPO JGA LLC	•	
			Firm/Company	
		1428 RIDGE ST STE 176	_	
			Address	
		KISSIMMEE, FL 34744		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report nou	fication)
For further	er information co	ncerning this matter, please co	all:	
JUAN G	ARANGO JAR	AMILLO	at (407) - 675 · Daytim	0796
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for the	e following amount:		
■ \$25.0	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)
			Strong Address:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRUPO JGA LLC			
(Name of the Limb	ed Liability Compa (A Piorida Limited I	nv as it now appears on ou liability Company)	ır records.)
The Articles of Organization for this Limited L. Florida document number L20000024669	iability Company	were filed on 01/17/202	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the linuited liab	llity company here:	
			' ME CO and a blanciation MI I C "
The new name must be distinguishable and contain the	vords "Limited Liabi		
Enter new principal offices address, if applic	:able:	1428 RIDGE ST STE	176
Principal office address MUST BE A STREE		KISSIMMEE, FL 347	44
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1428 RIDGE ST STE KISSIMMEE, FL 347-	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office	address on our record	s, enter the name of the new registe
Name of New Registered Agent:	JUAN G ARA	NGO JARAMILLO	
New Registered Office Address:	1428 RIDGE S	T STE 176	
146m Kelisteren Orthoc Volumesa.		Enter Florida stre	eet address
	KISSIMMEB		, Florida <u>34744</u>
		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 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>	Address	Type of Action
AMBR	ARANGO JARAMILLO, JUAN G	1428 RIDGE ST STE 176	□Add
,		KISSIMMEE, FL 34744	□ Петоус
			\equiv Change
AMBR	ARANGO CORREA, ISABEL C	1428 RIDGE ST STE 176	[] Add
		KISSIMMEE, FL 34744	Remove
			\(\begin{align*} \begin{align*} \left\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
		· .	☐ Change
			□Add
			□Remove

Change

	diog any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
•	
_	
_	
ffective	e date, if other than the date of filing: (optional) ive 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 605.020
ote: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
record s I is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
SF ated	EPTEMBER 06 2022
	Signature of a member or authorized representative of a member
	Pilluntate of a themper of antiotized telicientals of a memori

Filing Fee: \$25.00