120000057483

(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
P3 Missing - 623	
Office Use Only	



000342762790

04/09/20--01080--084 **85.60

한. . 30 PH 3: 08

r (4.4.1E

COVER LETTER

TO:

TO:	Registration Sec Division of Corp			•
		JESUS MENDO	OZA AGUILAR LLC	•
SUBJI	ECT:	Name of Limite	ed Liability Company	•
The en	nclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please	return all correspor	ndence concerning this matter to	the following:	
		JESU	IS MENDOZA AGUILAR	
			Name of Person	
		JESUS	MENDOZA AGUILAR LLC	
			Firm/Company	
		11890 SW 45 STREET		
			Address	
		ML	AMI FLORIDA 33175-4702	
			City/State and Zip Code	
			esusmendoza476@aol.com	
		E-mail address: (t	o be used for future annual report r	notification)
For fi	arther information c	oncerning this matter, please ca	ill:	
	JESUS ME	NDOZA AGUILAR	305 at ()	343-0090
	Name o	f Person	Area Code Day	time Telephone Number
Enclo	osed is a check for t	he following amount:		
X \$	\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre Registration Division of C	Section Corporations		
	P.O. Box 63: Tallahassee,			nroe Street. Suite 810

Tallahassee, FL 32303



April 21, 2020

JESUS MENDOZA AGUILAR 11890 SW 45 ST MIAMI, FL 33175

SUBJECT: JESUS MENDOZA AGUILAR LLC

Ref. Number: L20000057483

We have received your document for JESUS MENDOZA AGUILAR 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):

Page 3 is missing. Please find enclosed and include the missing page.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 620A00008323

Rebekah White Regulatory Specialist II Supervisor

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2000 --

JESUS ME	NDOZA AGUILAR LLC	mnears on our records.)
(Name of the Limit	ed Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.)
The Articles of Organization for this Limited L. Plorida document number <u>L20000057483</u>		
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name o	f the limited liability compa	ny here:
The new name must be distinguishable and contain the v	ords "Limited Liability Company.	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	TADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on <u>ss here</u> :	our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	JESUS MENDOZA AGUI	LAR
New Registered Office Address:	11890 SW 45 STREET	
TOW Welling Wille Danies.	En	ter Florida street address
	MIAMI	Florida <u>3375-4702</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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

10 m

MGR = Manager AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	COOKIE MENDOZA	11890 SW 45 STREET	□Add
		MIAMI FLORIDA 33175-4702	■Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change

_							_			
	<u> </u>			. <u>. </u>			- 			
_					_			·		
					_				<u>.</u>	
_										
_			<u>.</u>							
_										<u>_</u>
_	-									
_			_		 					
_										
_				<u></u>			<u> </u>	·		
_							<u></u>			
_								<u> </u>		
_										
_										
_										
_							<u> </u>			
Note:	ive date, if of fective date is little the date in the the date in	serted in th	is block do	es not meet	the applica	o date of filing	g or more than filing requi	(optio 90 days after t rements, this	nal) iling.) Pursuant date will not b	to 605.0207 be listed as
recor d is til		delayed effi	ective date.	but not an c	effective tir	me, at 12:01	a.m. on the	arlier of: (b)	The 90th da	y after the
Dated		<u> </u>	Signatu	are not mem	D-2-1A-	A 6 L	1) LA	/C		

Filing Fee: \$25.00