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Division of Corporations

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From:

Account Name : JSD & COMPANY PA

Account Number : I20190000114

Phone

: (786)286-2705

Fax Number

: (305)901-6024

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

Email Address: jeanpierreperez28@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JEAN CELULAR MIAMI, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEAN CELULAR MIAMI, LLC				
(Name of the Limi	ted Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	our records.)	
The Articles of Organization for this Limited L. Clorida document number L20000063553		ny were filed on $\frac{02/287}{1}$	2020 and assigned	
his amendment is submitted to amend the foll	lowing:			
If amending name, enter the new name o	of the limited li	ability company here:		
N/A				
he new name must be distinguishable and contain the	words "Limited Lin	ability Company," the desig	nation "LLC" or the abbreviation."L.L.C."	
Enter new principal offices address, if applicable:		N/A	DEC	
Principal office address MUST BE A STREI	ET ADDRESS)		<u> </u>	
			<u> </u>	
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office address.	registered officess here:	ce address on our reco	rds, enter the name of the new regis	
Name of New Registered Agent:	JOSE R. ALVAREZ SILVA			
New Registered Office Address:	6709 NW 84	ITH AVE		
roggettion business.	Enter Florida street address			
	MIAMI	MIAMI, Florida 33		
		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 Ment 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>	Name	Address	Type of Action
MGR	JEAN P. PEREZ PARADAS	6709 NW 84TH AVE	
		MIAMI, FL 33166	≣Remove
			□ Change
MGR CARLOS ARCIDA RODRIGUEZ	6709 NW 84TH AVE	□Add	
	MIAMI, FL 33166	Remove	
		☐Change·	
MGR JOSE R. ALVAREZ SILVA	6709 NW 84TH AVE	■Ādd	
	MIAMI, FL 33166	Rēmove	
		Change	
		[] Add	
		□Remove	
		□ Add	
		□Remove	
			□ Change
			□Add
			□Remove
			□Change

From: JSD & COMPANY CPA Fax: 13059015793

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