L70000097143

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JOMAFE I	J.C		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIA MILLARAY VAI	ZA GAVILAN	
	JOMAFE LLC	Name of Person	<u></u>
		Fim/Company	
	141 CRANDON BLVD		
	MIAMI, FL 33149	Address	
	ignacio.sanchezzinny@gma	City/State and Zip Code ail.com	
	E-mail address: (to be used for future annual rep	ort notification)
For further information of MARIA MILLARAY V	concerning this matter, please c AEZA GAVILAN	917 54458	316
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Addi	ress: on Section
Registration	Section	Registration	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

TO ARTICLES OF ORGANIZATION OF

JOMAFE LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ and assig L20000097143 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new i agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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.

City

Enter Florida street address

. Florida __

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address Type of
AMBR	IGNACIO SANCHEZ-ZINNY	141 CRANDON BLVD, APT 439, MIAMI FL33149
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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block turnent's effective date on the Department.	be specific and cannot be prior to date of the does not meet the applicable state artment of State's records.	(option of filing or more than 90 days after f tutory filing requirements, this	nal) iling.) Pursuant to 605 date will not be list
cord specifies a delayed effective s filed.	date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	The 90th day afte
OCTOBER 27th	2020		
	ignature of a member or authorized rep		