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(Re	equestor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	LP REAL ESTATE SERVICES	, LLC · .	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JUAN M NUNEZ		
		Name of Person	
	JMNDLP REAL ESTATE	SERVICES, LLC	
		Firm/Company	
	4731 THOMAS STREET		
		Address	
	HOLLYWOOD, FL 33021		
		City/State and Zip Code	
	JUANREALTOR@HOTM E-mail address: (AIL.COM to be used for future annual report notif	eation)
for further information of	concerning this matter, please c	all:	
- Lusu	NUNEZ	at (954) 274	38/8
Name o	of Person	Area Code Daytime	Telephone Number
inclosed 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 enclosed)	 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

JMNDLP REAL ESTATE SERVICES, LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{M}{L}$ Florida document number $\frac{L20000133652}{L}$.	AY 18, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>ere</u> :
JUAN NUNEZ, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the c	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	····
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	26
Mailing address MAY BE A POST OFFICE BOX)	PH
	. 5.
	2 E
B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here:	ecords, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flor	rida street address
	Planida

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.

Ciw

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
			DAdd
			□Remove
			□Change
			⊏Add
			□Remove
			DAdd
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			□ Change

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lf an ci <u>Note:</u>	tive date, if other than the date of filing:
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Jated	May 21, 2020
	The state of the s
	Signature of a member or authorized representative of a member