## 12000 205556

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ĉi	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	)
(Dc	ocument Number)	
Certified Copies	Certificates o	f Status
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## **COVER LETTER**

TO: Registration So Division of Cor									
J&J CARII									
SUBJECT: Name of Limited Liability Company									
The enclosed Articles of	Amendment and fee(s) are sub	emitted for tiling.							
Please return all correspo	ondence concerning this matter	to the following:							
	NEREUS, JULIO								
		Name of Person	<del></del>						
	J&J CARIBBEAN STORI	E LLC							
		Firm/Company							
	1302 E BUSCH BLVD								
		Address	<del></del>						
	TAMPA, FL 33612								
		City/State and Zip Code	. ~2						
	nerelv@yahoo.com		020 17						
For further information of	te-mail address: ( concerning this matter, please e	to be used for future annual report notification) all;	2020 SEP -9 SECHLEAR						
JULIO NERELUS		813 6248271 at ()	20 SEP -9 AM 7:						
Name o	of Person	Area Code Daytime Telephone Num	iber						
Enclosed is a check for t	he following amount:								
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, feate of Status & fed Copy onal copy is enclosed:						
Mailing Address Registration	Section	Street Address: Registration Section Division of Cornerations							
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee							
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810							

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code
		Florida
New Registered Office Address:	Enter Florida street ado	dress
No. Berinard Office Address		
Name of New Registered Agent:		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	nce address on our records, <u>ent</u>	ter the name of the new registered
	g 11 1	e de la companya della companya della companya della companya de la companya della companya dell
		52
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
		9
(Principal office address MUST BE A STREET ADDRES:	<u>Si</u>	DZI SET
Enter new principal offices address, if applicable:	<del></del>	
•	Elaotity Company, the designation of	of the done ration E.A.C.
The new name must be distinguishable and contain the words "Limited I	Liability Company "the designation "I	I C" or the abbreviation "L T C "
A. If amending name, enter the new name of the limited	liability company here:	
-		
This amendment is submitted to amend the following:		
Florida document number L20000205556		
The Articles of Organization for this Limited Liability Comp	pany were filed on 07/15/2020	and assigned
TA FIORIGA LIM	шей славину Сотрану)	
(Name of the Limited Liability Co	ompany as it now appears on our rec iited Liability Company)	nrds.)

## 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 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
OWNER AMBR	JULIO NERELUS	1102 E LAKESHORE RANCH DRIVE, FL 33584	<b>=</b> Add
			□Remove
			□Change
			🗀 Remove
			□Change
			□Add
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Typed or printed name of signee