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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
		<u>.</u>

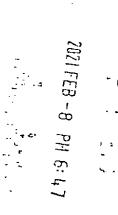
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MAR 2 5 2021 S. YOUNG



COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Co			
	RIORS LLC		•
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JUAN FERNANDEZ DE	CORDOVA	
		Name of Person	
	J & J INTERIORS LLC		
		Firm/Company	
	2223 SCOTT STREET		
		Address	
	HOLLYWOOD, FL, 3302	0	
		City/State and Zip Code	····
	JJINTERIORSLLC@GMA	IL.COM to be used for future annual report noti	
For further information of	encerning this matter, please c	•	neation)
JUAN FERNANDEZ D	E CORDOVA	305 4674483	
Name o	f Person	at () Area Code Daytim	e 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 enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Sec	ction
Division of C		Division of Cor	porations
P.O. Box 632	! 7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & J INTERIORS LLC			FE
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	any as it now appears on our re- Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L21000002885</u>	ility Company	were filed on DECEMEBE	R 23, 2020 and assigned
This amendment is submitted to amend the follow	ing:		_
A. If amending name, enter the new name of th	e limited liab	oility company here:	
The new name must be distinguishable and contain the word	s "Limited Liahi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	2223 SCOTT STREET	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET)	ADDRESS)	HOLLYWOOD, FL 33020	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		
B. If amending the registered agent and/or regi agent and/or the new registered office address h		address on our records, <u>en</u>	ter the name of the new register
Name of New Registered Agent:	JUAN FERNA	NDEZ DE CORDOVA	
New Registered Office Address:			
		Enter Florida street ad	dress
-			Florida Zip Code
		City	zip Coae

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

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
AMBR	JUAN FERNANDEZ DE	-	□Add
	CORDOVA		□Remove
AMBR	JORGE BAHAMONDE		
			≣ Change
			□Add
			□Change
			□Add
			□Remove
			Change
			□Add
		 	□Remove
			□Change
·			□Add
			□ Remove
			□ Change

AMBR:	JUAN FERNANDEZ DE CORDOVA
AMBR:	JORGE BAHAMONDE
1-1-1	-
	
Footive date	, if other than the date of filing: (optional)
an effective dat ote: If the da	, if other than the date of filing:
record specifi	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
JANUA	RY 28 2021
	The state of the s
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00