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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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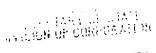
COVER LETTER

JUAN ALBERTO GONZALEZ Name of Person		legistration Sec Division of Corp		•		
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JUAN ALBERTO GONZALEZ	eun we	MA SERV.	ICES OF MIAMI FL	•		
Please return all correspondence concerning this matter to the following: JUAN ALBERTO GONZALEZ	SUBJEC	I:	Name of Limi	ted Liability Company		
Please return all correspondence concerning this matter to the following: JUAN ALBERTO GONZALEZ						
JUAN ALBERTO GONZALEZ Name of Person	The enclo	sed Articles of a	Amendment and fee(s) are sub-	nitted for filing.		
Name of Person JMA SERVICES OF MIAMI FL Firm-Company 26005 SW 144TH AVE APT 122 Address HOMESTEAD FL 33032 City/State and Zip Code jmamiami21@gmail.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: JUAN ALBERTO GONZALEZ Name of Person Area Code Daytine Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy	Please rett	um all correspon	ndence concerning this matter (to the following:		
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Crty/State and Zip Code jmamiami21@gmail.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: JUAN ALBERTO GONZALEZ 786 403-9232 at (Address		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUAN ALBERTO GONZALEZ			HOMESTEAD FL 33032			
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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



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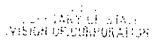
JMA SERVICES OF MIAMI FL		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on or inited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Con Florida document number L21000036248		Y 18, 2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our record	s, <u>enter the name of the new register</u> e
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	vet address
		, Florida
	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 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 21 APR 12 AM II: 51	Type of Action
MGR	JUAN ALBERTO GONZALEZ	26005 SW 144TH AVE APT 122	
		HOMESTEAD FL 33032	_
			□Change
AMBR	JUAN ALBERTO GONZALEZ	26005 SW 144TH AVE APT 122	= Add
		HOMESTEAD FL 33032	□Remove
		-7	□Change
			□Remove
			①Change
			□Add
			Remove
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			□Remove
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			□Remove
			□Change

Effective date, if other than the date of filing: [If me effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inscreted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12-01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated FEBRUARY STH 2021 J. J		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing: (Optional) (If an effective date is listed, the date must be specific and comost be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated FEBRUARY 8TH 2021 J. J		
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Signature of a member or authorized representative of a member	Dated	. 2021
Signature of a member or authorized representative of a member	J	dent
	Sign	nature of a member or authorized representative of a member
	JUAN ALBERTO GONZAI	Typed or printed name of signee

Filing Fee: \$25.00