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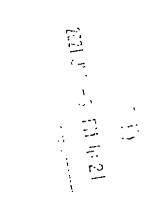
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COVER LETTER

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TO:

	ration Secon of Corp			
	NGCT DEV	VELOPMENT LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	rticles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return al	l correspoi	ndence concerning this matter	to the following:	
		ADAM KORENFIELD		
			Name of Person	
			Firm Company	
		2451 BRICKELL AVENU	JE 17D	
			Address	
		MIAMI, FL 33129		
		A IN A NA IZONDENBERET IN ACC	City/State and Zip Code	<u>-</u>
		ADAM.KORENFIELD@G	oMIXIIICOM to be used for future annual report no	tification)
For further info	ormation co	oncerning this matter, please c		
ADAM KORE	NFIELD		786 897-8859	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a c	heck for th	e following amount:		
■ \$25.00 Fili	ng 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 tadditional copy is enclosed)
	ng Address stration S		Street Address: Registration S	ection
_		orporations	Division of Co	
	Box 632' hassee, F		The Centre of	Tallahassee oe Street, Suite 810
rana	nassee, r	E 고급기 1위	2410 N. MOIII	de ancer, aune 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAGCT DEVELOPMENT LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records, imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 2/5/2021	and assigned
Florida document number L21000066895		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "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)		<u> </u>
		: ` .
B. If amending the registered agent and/or registered (agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	<u>.</u>
agent and/or the new registered winter address never		: 22
Name of New Registered Agent:		•
New Registered Office Address:		
-	Enter Florida street address	
	, Flor	rida
	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 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	<u>Address</u>	Type of Action
MGR	ANTONIO SEVILLANO	340 340 W. FLAGLER STREET, APT #601	🗀 Add
		MIAMIL FL 33130	■Remove
			□Change
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ective date, if other than the of a effective date is listed, the date must te: If the date inserted in this blockument's effective date on the Department.	k does not meet the ap	oplicable statutory fil	more than 90 days after fi ing requirements, this of	1al) iling.) Pursuant to 605.0207 date will not be listed as
cord specifies a delayed effective s filed.	date, but not an effecti	ve time, at 12:01 a.m	i, on the earlier of: (b)	The 90th day after the
ed JUNE 30	2021			
(11)	·	·		
	i gnature of a member or	authorized representati	ve of a member	

Filing Fee: \$25.00