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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REY & JIM, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

MICHEL MORGADO MARTINEZ  
Name of Person  
REY & JIM, LLC  
Firm Company  
820 NW 87TH AVE, APT 403  
Address  
MIAMI, FL 33172  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHEL MORGADO 972 8216204  
Name of Person at ( ) Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

REY & JIM, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MARCH 10, 2021 and assigned  
Florida document number L210000115339.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

820 NW 87TH AVE APT 403

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33172

Enter new mailing address, if applicable:

117 NW 42ND AVE APT 1410

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33126

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

JIMMY MORGADO PEREZ

New Registered Office Address:

117 NW 42ND AVE APT 1410

*Enter Florida street address*

MIAMI

*City*

Florida 33126

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JIMMY MORGADO PEREZ	117 NW 42ND AVE APT 1410	<input checked="" type="checkbox"/> Add
		MIAMI FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHEL MORGADO	117 NW 42ND AVE APT 1410	<input type="checkbox"/> Add
		MIAMI FL 33126	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an 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)(b)

**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.

If 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 record is filed.

Dated JULY 23 2024

Signature of a member or authorized representative of a member

JIMMY MORGADO PEREZ.

Typed or printed name of signee

**Filing Fee: \$25.00**