## KZI 000132276

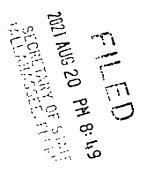
(Requestor's Name)
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## **COVER LETTER**

	Registration Se Division of Cor					
orin in o	<b>~</b>	JFX LLC				
SUBJEC	l:	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	um all correspo	ondence concerning this matter	to the following:			
			SAAVEDRA, PAOLA A			
		Paul	Name of Person  J T X  VirmyCompany	ЦС		
			2929 KOKOMO LOOP			
		Address				
		н	AINES CITY, FLORIDA 33	3844		
			City/State and Zip Code			
		E-mail address: (	JCCVGC@GMAIL.COM to be used for future annual rep			
For furthe	er information c	oncerning this matter, please c	ali:			
	PAOLA SA	AVEDRA	561 at { }	7553860		
	Name o	f Person	Area Code	Daytime Telephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
_	Mailing Addres		Street Addr Pagistratic	<del></del>		
	Registration S Division of C		Registratio Division o	on Section  f Corporations		
F	P.O. Box 632	7	The Centre	e of Tallahassee		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2021 AUG 20 PM 8: 49

(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	s ou pur revords	
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on	03-22-021	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
Principal office address MUST BE A STREET.	ADDRESS <sub>I</sub>		
	-		<del></del>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	282		
	<del>, </del>	<del></del>	
B. If amending the registered agent and/or regingent and/or the new registered office address b		ecords, <u>enter the na</u>	ime of the new regi
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:			
	Enter Flor	ida str <del>vet</del> address	
		Florida	7- 0-1
	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

Title	Name	Address	Type of Action
MGR	PAOLA A SAAVEDRA	2929 KOKOMO LOOP, HAINES CITY FL 33844	<b>J</b> Add
		·····	Remove
			Change
MGR	JOHN C CANO	2929 KOKOMO LOOP, HAINES CITY FL 33844	□Add
			Remove
			OChange
			□Add
		<del></del>	□Remove
			DChange
	<del></del>		🗆 Add
			□ Kernove
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an effectiv lote: If the	date, if other than the dive date is listed, the date must be the date inserted in this block a effective date on the Dep	se specific and cannot be prior it does not meet the applic	able statutory filing re		
record sp is filed.	occifies a delayed effective (	date, but not an effective ti	me, at 12:01 a.m. on t	he earlier of: (b) The 90	ith day after the
ated	AUGUST 16	2021			
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		1/ .1.			
	Si	gnature of a member of author	orized representative of a	member	