

L21000141204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP



WAIT

MAIL

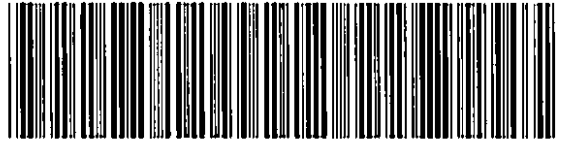
(Business Entity Name)

(Document Number)

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ED RECEIVED  
STATE SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 1 , 2021

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JL TRADE LIMITED LLC  
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:

LUIS A COLMENARES  
Name of Person

JL TRADE LIMITED LLC  
Firm/Company

2020 NW 129TH AVE., SUITE 208  
Address

MIAMI, FL 33182  
City/State and Zip Code

INFO@JCBSOLUTIONSINC.NET  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
 TALLAHASSEE, FL

2021 APR 13 PM 1:27

**FILED**

For further information concerning this matter, please call:

LUIS A COLMENARES      866      296-1833  
Name of Person      at (      )      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

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

**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**

JL TRADE LIMITED 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 03/25/2021 and assigned

Florida document number L21000141204.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

2020 NW 129TH AVE

STE 208

MIAMI, FL 33182

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

2020 NW 129TH AVE

STE 208

MIAMI, FL 33182

**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: JC BUSINESS SOLUTIONS INC

New Registered Office Address: 7500 NW 25TH ST SUITE 237

*Enter Florida street address*

DORAL

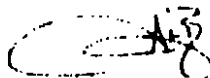
*City*

Florida 33122

*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**

**FILED**  
2021 APR 13 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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>
MGRM	LUIS A. COLMENARES	2020 NW 129TH AVE	<input checked="" type="checkbox"/> Add
		STE 208	<input type="checkbox"/> Remove
		MIAMI, FL 33182	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<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)*

Multiple horizontal dashed lines for amending information.

E. Effective date, if other than the date of filing: APRIL 12 - 2021 (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 (A)(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 APRIL 12 \_\_\_\_\_ 2021

Signature of a member or authorized representative of a member

LUIS A. COLMANRES

Typed or printed name of signee

Filing Fee: \$25.00