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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JMC WHOLESALER 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:

ESPINOZA CHACON, MANUEL E

Name of Person

JMC WHOLESALER LLC

Firm/Company

1551 SW 104 PASSAGE APT 207

Address

MIAMI, FL 33174

City/State and Zip Code

WHOLESALER.JMC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CES SANTANA, CARLOS C

786 8032904
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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
(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**

JMC WHOLESALER 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 04/16/2021 and assigned
Florida document number L21000176862.

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:

811 NW 43 RD AVE APT 224, MIAMI FL 33126

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

811 NW 43 RD AVE APT 224, MIAMI FL 33126

(Mailing address MAY BE A POST OFFICE BOX)

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:

ESPINOZA CHACON, MANUEL E

New Registered Office Address:

811 NW 43 RD AVE APT 224,

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.

Manuel Espinoza

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Espinoza Chacon, Manuel E.	811 NW 43DR AVE, APT 224	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33126	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Espinoza Chacon, Americo J.	811 NW 43DR AVE, APT 224	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33126	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Ces Santana, Carlos C.	811 NW 43DR AVE, APT 224	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33126	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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.)*

We are amending the Liability Company, because the spelling of the Authorized member were incorrect

Also we are changing the mailing address of all the officers.

E. Effective date, if other than the date of filing: 04/15/2021 **(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 (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 06/06, 2021.

Carlos C. Santana

Signature of a member or authorized representative of a member

CES SANTANA, CARLOS C.

Typed or printed name of signee

2021 JUN 11 PM 7:41
FILED
ED