L21000211515

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COVER LETTER

	stration Sec sion of Corp		•	;		
SUBJECT:	Hidden JEM	S				
		Name of Limited Liability Company				
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return :	all correspon	idence concerning this matter	to the following:			
		Josue A Diaz Montoya				
			Name of Person		-	
		Hidden JEM				
			Firm/Company		-	
		717 Pincon Ln				
			Address		282	
		Kissimmee FL 34759			2021 MAY 17	7
		josue.y.emmi@gmail.com	City/State and Zip Code		Fi.	
		E-mail address: (to be used for future annual report notif	ication)	ना 🛣	ζ
For further inf	ormation co	neerning this matter, please ca	all:		9: 51 3 EARE 1 CAND	146 .1
Josue Diaz M			407 414-6879 at ())	
	Name of	Person	Area Code Daytime	: Telephone Number	-	
Enclosed is a	check for the	following amount:				
□ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Maili	4 dd		6			

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

Hidden JEMS
(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 and assigned and assigned
Florida document number 1.21000211515
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Hidden JEM of Central Florida LLC
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)
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(Mailing address MAV RE A POST OFFICE POV)
Significant State of the state
) -
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:
New Registered Office Address:
Enter Florida street address
, Florida
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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□ Change
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			ALLAHASSEE, TLORIDA
			
			☐ Change
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<u>_</u>			□Add
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			□Change

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					<u> </u>	
Effective date, if other than If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the second secon	e must be specifie an his block does not	nd cannot be prior meet the applica	able statutory fil	more than 90 days	optional) after filing.) Pursua , this date will no	nt to 605.020 t be listed a
e record specifies a delayed eff rd is filed.	ective date, but no	ot an effective til	me, at 12:01 a.m	i. on the earlier o	f: (b) The 90th	day after the
		2021				
Dated May 17		· ·	_ -			
Dated May 17	Dig Mety					
Dated May 17 June L	Dig Moty Signature of a	member or autho	rized representati	ve of a member		-

Filing Fee: \$25.00