

L21000 242 513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

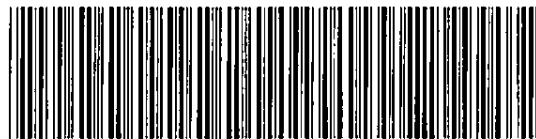
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800440049868

12/06/24--01016--002 **25.00

FILED
2024 DEC -6 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JC LAS PALMAS REALTY 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:

ERIK T. SILEVITCH

Name of Person

LEGAL ADVOCATES, PLLC

Firm/Company

2424 N. FEDERAL HWY, SUITE 411

Address

BOCA RATON, FL 33431

City/State and Zip Code

info@inyourinterest.net

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

For further information concerning this matter, please call:

ERIK T. SILEVITCH

Name of Person

at (561)

Area Code

666-3443

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

FILED
2014 DEC -6 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JC LAS PALMAS REALTY 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 MAY 24, 2021 and assigned
Florida document number L21000242513.

This amendment is submitted to amend the following:

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

JCJ LAS PALMAS 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:

20281 E. COUNTRY CLUB DRIVE, UNIT 1807

(Principal office address MUST BE A STREET ADDRESS)

AVENTURA, FL 33180

Enter new mailing address, if applicable:

20281 E. COUNTRY CLUB DRIVE, UNIT 1807

(Mailing address MAY BE A POST OFFICE BOX)

AVENTURA, FL 33180

SECRETARY OF STATE
RECEIVED
2021 DEC -6 PM 1:42

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

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 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	JOHN MICHAELS	10 CUTTER MILL RD, SUITE 202, GREAT NECK, NY 11021	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CRAIG TRUEN		<input type="checkbox"/> Add
	(Duplicate)	10 CUTTER MILL RD, SUITE 202, GREAT NECK, NY 11021	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2014 DEC -6 PM 1:42
SECRETARY OF STATE
TALLMAN/SECRET

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

Craig Truen, Authorized Member, is currently listed twice. This is a duplicate and should only be listed once.

SECRETARY OF STATE
TALLAHASSEE, FLA.
2024 DEC -6 PM 1:42

E. Effective date, if other than the date of filing: November 26, 2024 (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 11/25/2024

Engl. Truen.

Signature of a member or authorized representative of a member

CRAIG TRUEN, Authorized Member

Typed or printed name of signee