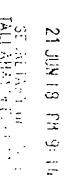
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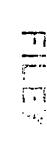
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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06/18/21--01012--029 **60.00





COVER LETTER

Division of	Corporations	
JJM All SUBJECT:	iance LLC	
SUBJECT.	Name of Limit	ted Liability Company
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.
Please return all corre	spondence concerning this matter t	o the following:
	Joan Moreno	
		Name of Person - JJM Allique CLO. Firm/Company
	16051 SW 104th Terrace	Address
	Miami, FL 33196	Address
	jjmalliancellc@gmail.com E-mail address: (to	City/State and Zip Code o be used for future annual report notification)
For further information	on concerning this matter, please cal	н:
Joan Moreno		305 2164951
Nan	ne of Person	Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

JJM Alliance 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 26, 2021 and assigned Florida document number L21000245301 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ري 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

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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addedor removed from our records:

MGR = . Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lazaro A. Quintana	16051 SW 104th Terrace, Miami FL 33196	@ Add
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ffective date, if other than th	e date of filing:	ing or more than 90 days after filing.) Pursuant to 605.020
an effective date is listed, the date mo ote: If the date inserted in this b	ist be specific and cannot be prior to date of fili block does not meet the applicable statuto.	ing or more than 90 days after filing.) Pursuant to 605.020 ory filing requirements, this date will not be listed a
ocument's effective date on the I	Department of State's records.	and the second s
record specifies a delayed effecti is filed.	ve date, but not an effective time, at 12:01	1 a.m. on the earlier of: (b) The 90th day after the
June 11	2021	
June 11 ated	2021	
June 11 ated	2021	<u> </u>
ated	Signature of a member of authorized representation	entative of a member