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## **COVER LETTER**

TO: Registration Se Division of Cor			
Jecamist Ho	omes, LLC	·	
SUBJE.C1;	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stephanie Pelaez		
	-	Name of Person	
	Jecamist Homes, LLC		
		Firm/Company	<u> </u>
	13259 SW 9th Lane		ZOZZ JAN 1 4 SEGGENARY TRALLENERY
		Address	2
	Miami, FL 33184		F P M
	jecamist@yahoo.com	City/State and Zip Code	07 8 7A 7 FL FL
	E-mail address: (	to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Stephanie Pelaez		786 367-0558	
Name o	of Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	
Division of C		Division of Cor The Centre of T	•
P.O. Box 633 Tallahassee			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JECAMIST HOMES, LLC			
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records. Jability Company)	_)	
The Articles of Organization for this Limited Liability Company florida document number $\frac{1.21000251401}{1.21000251401}$ .	were filed on May 28, 2021	-	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	or the abbre	riation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		20 20 20	2022
Enter new mailing address, if applicable:		9 9 8 8 8 8 8 8	P. I
Mailing address MAY BE A POST OFFICE BOX)		- 변화 - 교회	F D
		ri.	03
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter</u> (	the <u>name o</u>	<u>f the new regi</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		******
		orida	
	, r to, r to	) i Iua	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 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>	Type of Action
AMBR	Michelle Pelaez	13259 SW 9th Lane	□Add
		Miami, FL 33184	■Remove
			□Change
AMBR	Claudia Pelaez	1372 S.E 27th Terrace	□Add
		Homestead, FL 33035	Remove
			S□Change
			SECRETAL DATE
			P Remove
			□Add
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