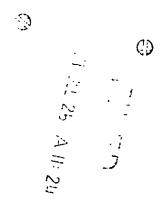
121 000 303 309

(Re	equestor's Name)	
(Ad	ldress)	<u>. </u>
(Ad	ldress)	
(Cid	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	·	
	Office Use Or	. – /



100370291461

97/28/21--01019--012 **25.00



COVER LETTER

	istration Sectision of Corp			
SUBJECT:	JM NUNES I	LLC	•	
SDOIRCI,		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.	phone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Copy (additional copy is enclosed)
Please return	all correspond	dence concerning this matter	to the following:	
		JOSE M NUNES DE LEC	'A	
			Name of Person	
		JM NUNES LLC		
			Firm/Company	
		9300 NW 25TH ST		
			Address	
		DORAL, FL 33172		
		umuma irali Qumail aan	City/State and Zip Code	
		wavecapital1@gmail.com E-mail address: (to be used for future annual report notificati	on)
For further in	formation cor	ncerning this matter, please c	all:	
JOSE M NUI	NES DE LEC	A	813 910-7373	
	Name of F	'erson	Area Code Daytime Tel	ephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Copy (udditional copy is enclosed)
Reg Div P.O	ling Address: histration Se ision of Con Box 6327 lahassee, FL	ection rporations	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 323	n ations A j ihassee Sto

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IM NUNES LLC				
(Name of the Lim	Ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I	Liability Company	were filed on 07/01/2021	and as	ssigned
Florida document number L21000303309	·			
his amendment is submitted to amend the fol	llowing:			
a. If amending name, enter the new name	of the limited liab	ility company here:		
NA				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "l	L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2969 CARROT WOOD CT		
		KISSIMMEE, FL 34746		
		20/0 0 100 07 110 00 07		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2969 CARROT WOOD CT		
		KISSIMMEE, FL 34746		
		3		
3. If amending the registered agent and/or	registered office :	-	me of the no	(!) ew registe
gent and/or the new registered office addr		address on our records, enter the nar	The of the first	• -
			į	
Name of New Registered Agent:	NA		- 3	
New Registered Office Address:	NA		Δ	i
-		Enter Florida street address	1: 2	. 64
	NA	, Florida A	A 2	
		City	Zio Code	

New Registered Agent's Signature, if changing Registered Agent:

THE NUMBER OF STREET

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	JOSE M NUNES DE LECA	2969 CARROT WOOD CT	□Add
		KISSIMMEE, FL 34746	□ Remove
			■Change
MGR	ANA B SAMER NUNES	2969 CARROT WOOD CT	□Add
		KISSIMMEE. FL 34746	□Remove
			■ Change
NA ———	NA	NA	
			□Remove
			Change
NA	NA	NA	© bba□ <u></u>
			Remove 2
			<u></u> □Change
NA	NA	NA	= J 2 □Add
			□Remove
			☐ Change
NA	NA	NA	
			□Remove
			□ Change

		· ·		
				
				
	<u> </u>			
		<u> </u>		
				45
		75		<i>─€</i> 2
			ř-	
			<u>;</u> :	· !
			25	•
				— ,
			<u>></u>	ر
			=======================================	
ective date, if other than the da	to of filing: NA		211	
effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department's	specific and cannot be prior to date o does not meet the applicable stat	f filing or more than 90 days after filir	g.) Pursuant to	605,020 listed a
cord specifies a delayed effective da s filed.	tte. but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	'he 90th day a	after the
ed	. 2021			
	Jose Nunss			

Filing Fee: \$25.00