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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Document Number) | | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|--|---|--|
| JMC REAL SUBJECT: | L STATE LLC | £ . | |
| | 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: | |
| | JESUS MARTIN | | |
| | | Name of Person | |
| | JMC REAL STATE LLC | | |
| | | Firm/Company | |
| | 1900 N BAYSHORE DR | 4005 | |
| | | Address | |
| | MIAMI FL 33132 | | |
| | | City/State and Zip Code | |
| | INFO@MORAVELL.COM | to be used for future annual report no | el/Continu |
| For further information of | concerning this matter, please ca | · | ancaron) |
| JESUS MARTIN CALI | .EJA | 786 8775771 at () | |
| Name c | of Person | | me 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) |
| Mailing Addres | | Street Address: | |
| Registration : Division of C | | Registration S | |
| P.O. Box 632 | | Division of Co | |

Tallahassee, FL 32314

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

JMC REAL STATE LLC

21 OCT -5 PH 3: 15

(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 07/16/2021 _____ and assigned Florida document number <u>L21000324682</u> 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 "LLC." 1900 N Bayshore Dr 4005, Miami Fl 33132 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1900 N Bayshore Dr 4005 , Miami Fl 33132 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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.

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

MGR = Manager (A) AMBR = Authorized Member 21 0CT -5 PH 3: 15 **Title** Name Address Type of Action MGR JMC FOOD&TECH SRL CV LAGO ISEO 305 TORRE 4 NO.4 COLONIA ANAHU MEXICO, DF 11320 MX _______Change MGR JESUS MARTIN 1900 N Bayshore Dr 4005, Miami Fl 33132 _____ □Change

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| ffective date, if other than the date of | f filing: (optional) |
| to te: If the date is fisted, the date must be spec- | ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 is not meet the applicable statutory filing requirements, this date will not be listed as to |
| ocument's effective date on the Departme | ent of State's records. |
| | |
| record specifies a dalayed affactive days. | and and an affirming of the state of the sta |
| I is filed. | out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| | |
| SEPTEMBER 28 | 2021 |
| ated | · |
| | 1_) |
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| _ | |
| Signatur | re of a member or authorized representative of a member |