

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special instructions to Filling Officer.

Office Use Only



·COVER LETTER

TO:

Registration Section

Division of Cor	porations					
	ERTIES LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	CAROLINA LONDONO	-ALARCON				
		Name of Person				
		F				
		Firm/Company				
	3350 SW 27 AVE, 1201					
		Address				
	MIAMI, FL 33133					
		City/State and Zip Code				
	bernardosaruski@hotmail.c					
	E-mail address: (to be used for future annual report no	tification)			
For further information c	oncerning this matter, please c	ail:				
CAROLINA LONDON	D-ALARCON	754 423-1848				
Name o	f Person	Area Code Daytii	ne Telephone Number			
Enclosed is a check for the	ne 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 9	Section	Street Address: Registration So				
Division of C P.O. Box 632	•	Division of Co The Centre of	-			
Tallahassee, 1			pe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JCA PROPERTIES LLC

(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were Florida document number L21000348572	e filed on	_ and assigned
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 Co	ompany," the designation "LLC" or the abbre	viation "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) ———————————————————————————————————		-
B. If amending the registered agent and/or registered office addreagent and/or the new registered office address here:	ess on our records, enter the name o	f the new registered
		-
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 provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provibleing filed to merely reflect a change in the registered office addictions company has been notified in writing of this change.	ormance of my duties, and I am fam ded for in Chapter 605, F.S. Or, if t	iliar with and his document is

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>	Name	Address	Type of Action
AMBR	Eduardo Alarcon	3350 SW 27 ave apt 1201Miami FL 33133	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		•	
			□Add
			□Remove
		- -	□Change
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Effective date, if other if an effective date is listed, the Note: If the date inserted document's effective date	e date must be specific a in this block does not	nd cannot be prior to do timeet the applicable	ste of filing or more than statutory filing requi	(optional) 90 days after filing.) Purements, this date wil	rsuant to 605,0207 I not be listed as
e record specifies a delayed d is filed.	l effective date, but n	ot an effective time.	at 12:01 a.m. on the c	earlier of: (b) The 90	th day after the
		2021			
Dated AUGUST 3	a Control	130,00	representative of a me		