121000356173

| (Requestor's Name) |
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| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| · · · |
| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

COVER LETTER .

| Division of Cor | rporations | | |
|-----------------------------|---|---|--|
| H & J INM SUBJECT: | IOBILIARIA CA LLC | | |
| SOBIECT: | Name of Lim | nited 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: | |
| | NINOTCHKA HECHT | | |
| | | Name of Person | |
| | FAST FILING SERVICES | SLLC | |
| | | Firm/Company | · *** |
| | 10450 NW 33RD ST STE | 305 | |
| | | Address | |
| | DORAL FL 33172 | | |
| | | City/State and Zip Code | |
| | fastfilingservices@gmail.co | | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information of | concerning this matter, please co | all: | |
| Ninotchka Hecht | | 78 762-2048 | |
| Name o | of Person | Area Code Daytime | : Tclephone Number |
| Enclosed is a check for the | nc following amount: | | |
| ■ \$25.00 Filing Fce | □ \$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) |

TO:

Registration Section

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

Street Address: 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**

FILED

H & J INMOBILIARIA CA LLC

2021 AUG 23 PM 4: 04

| (Name of the Limited Liability C | ompany as it now appears on our records.) |
|--|--|
| (A Florida Lir | ompany as it now appears on our records. SECRETARY OF STAT TALLAHASSEE, FL |
| he Articles of Organization for this Limited Liability Com | pany were filed on 08/19/2021 6 4 21 and assigned |
| lorida document number L21000356173 | |
| | |
| his amendment is submitted to amend the following: | |
| If amending name, enter the new name of the limited | l liability company here: |
| I & J INMOBILIARIA LLC | |
| he new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | N/A |
| Principal office address MUST BE A STREET ADDRES | (S) |
| | |
| | |
| nter new mailing address, if applicable: | N/A |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| . If amending the registered agent and/or registered of | fice address on our records, <u>enter the name of the new reg</u> |
| gent and/or the new registered office address here: | |
| Name of New Registered Agent: N/A | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| | City Zip Code |

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

| Title | Name | Address | Type of Action |
|-------|------|---------|----------------|
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| | | | □ Remove |
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| Signature of a member of authyrized representative of a member AUGUST 16 AUGUST 16, 2021 (optional) (optional) | | | | | | ·· | | |
|--|------------------|-------------------------|---|--------------------|---------------------------------------|---------------------------------------|---------------------|---------------------------------------|
| Sective date, if other than the date of filing: AUGUST 16, 2021 (optional) n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. Executed Specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. | | | | · · · | | | - | |
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