

L21000438114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

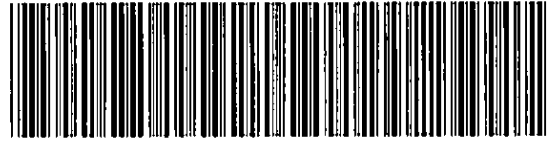
(Business Entity Name)

(Document Number)

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2022 OCT 14 AM 9:04 2022 OCT 14 PM 11:58

FALLAHASSEY, FIONA

*Handwritten signature and date: 10/17/2022*

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from account: I20210000160 Amount: paid: \$25.00

Authorization Signature

JOCHE 22, LLC L21000438114

Business Name

Document #

Photocopy

Certified Copy (s) Articles of Organization

Certificate of Status

**NEW FILINGS**

- FOR Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP**
- LLLP

**OTHER FILINGS**

- Annual Report
- Fictitious Name
- ARTICLES OF CORRECTION
- APOSTIL ()

Country

**AMMENDMENTS**

- Amendment
- Resignation or Officer/Director
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Conversion**
- Articles of Conversion
- Resignation

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement

Other

EXAMINER'S INITIALS: \_\_\_\_\_

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JOCHE 22, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA Z. GREEN

\_\_\_\_\_  
Name of Person

JONATHAN H. GREEN & ASSOCIATES, P.A.

\_\_\_\_\_  
Firm/Company

901 PONCE DE LEON BOULEVARD, SUITE 601

\_\_\_\_\_  
Address

CORAL GABLES, FLORIDA 33134

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA Z. GREEN

305 372-5100  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 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

2022 OCT 14 11:58

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JOCHE 22, LLC

(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 OCTOBER 6, 2021 and assigned Florida document number L21000438114.

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 "L.L.C."

Enter new principal offices address, if applicable:

1100 BRICKELL BAY DRIVE, UNIT 310010

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FLORIDA 33131

Enter new mailing address, if applicable:

1100 BRICKELL BAY DRIVE, UNIT 310010

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA 33131

**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:

LAGO, Joel

New Registered Office Address:

1100 BRICKELL BAY DRIVE, UNIT 310010

*Enter Florida street address*

MIAMI

*City*

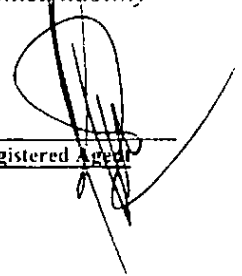
Florida 33131

*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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOCHE HOLDINGS, LLC	1722 SHERIDAN STREET, #364	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LAGO 2022, LLC	1100 BRICKELL BAY DRIVE, UNIT 310010	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(If an 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 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated OCTOBER 12, 2022

\_\_\_\_\_  
Signature of a member or authorized representative of a member

JOEL LAGO, TRUSTEE, GP, MANAGER  
\_\_\_\_\_  
Typed or printed name of signee