## L21000470173

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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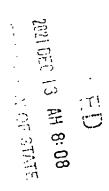
Office Use Only

A. RIVERS
JAN 0 3 2022



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## **COVER LETTER**

TO:

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

Joya 1-	toldina		16		
(Name of the Limit	ted Liability Compan (A Florida Limited L	ly as it now lability Con	appears on npany)	our records.)	
The Articles of Organization for this Limited L Florida document number <u>L 210004</u>	iability Company	were filed	on	29/20	21 and assigned
This amendment is submitted to amend the follow	owing:				
A. If amending name, enter the new name of	the limited liabil	ity compa	any here:		
The new name must be distinguishable and contain the we	ords "Limited Liabilit	y Company,	" the designa	ition "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applica					
(Principal office address MUST BE A STREET	( ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	(OX)		<del></del> -		
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office add <u>here</u> :	dress on o	our records	s, enter the na	me of the new registered
Name of New Registered Agent:	Andr	<u>es</u>	Alo	5	
New Registered Office Address:	1201	Sur	set	70	
	(2001	Enter	r Florida stret	et address	
	Coral	<u>gak</u>	2167	, Florida _	33143
New Registered Agent's Signature, if changing Re-	zistered Agent:	•			T Zipapae
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change in the change	red agent as provistered office ad-	rjormance	e of my dui	ties, and I am	familian with and

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>	Address	Type of Action
MGR	Johnny Margarini	1501 Sunset Dr	□Add
	,5	1501 Sunset Dr Coral Gables, FL 33143	□Remove
		33143	DChange
			□Add
			□Remove
			□Change
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an effective date ote: If the dat	if other than the da is listed, the date must be inserted in this block tive date on the Depa	specific and cannot be does not meet the	applicable statutor	g or more than 90 days	(optional) s after filing.) Pursuant s, this date will not	ı to 605.020 be listed a:
ecord specifie is filed.	a delayed effective da	ate, but not an effec	etive time, at 12:01	a.m. on the earlier of	of: (b) The 90th da	ıy after the
ned Dec	ember 9	3 , 10.	<u>)                                    </u>			
	Sig	nature of a member o	r authorized represer	itative of a member		