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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: VII.	LARS LEGAL INTERNAC	TONAL LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles (of Amendment and fee(s) are subj	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	KARLYBETH C	ARDENAS CONTRERAS	
		Name of Person	
	VILLARS LEG	AL INTERNACIONAL LLC	
		Firm Company	20
	421 SW 20TH R	OAD	7022 026 15
	<u></u>	Address	
	MIAMI, FL 331	29	77
		City State and Zip Code	
	вововаеи		1
	E-mail address: ()	to be used for future annual report noti	ification)
For further information	t concerning this matter, please co	all:	
KARLYBETH CA	RDENAS CONTRERAS	at (504) 3314-535 Area Code Daytim	56
Nam	e of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check fo	r 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)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee se Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	JAL INTERNACIONAL LL		
(Name of the Limit	ed Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited L. Florida document number <u>L22000010935</u>	iability Company were filed on _	JANUARY 04, 2022	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name o	f the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	: designation "LLC" or the af	
Enter new principal offices address, if applic	able:		2022) 5(3)
(Principal office address MUST BE A STREE	TADDRESS)		
· · ·			<u></u>
Enter new mailing address, if applicable:			779 118 20
(Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>
B. If amending the registered agent and/or ragent and/or the new registered office addre		records, <u>enter the nam</u>	ne of the new registered
Name of New Registered Agent:	KARLYBETH CARDEN	AS CONTRERAS	
New Registered Office Address:	421 SW 20TH ROAD		
	Enter Florida street address		
	MIAMI	, Florida	33129
	City	- -	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>	Address	Type of Action
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ective date, if other than the date of filing:	(opt	ional)	
n effective date is listed, the date must be specific and cannot be prior to date of filing or more te: If the date inserted in this block does not meet the applicable statutory filing t	than 90 days afte equirements, th	er filing.) Pursuant to its date will not be	605,020 listed a
cument's effective date on the Department of State's records.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on s filed.	the earlier of: (b) The 90th day a	after the
101 30 Agosto 2022 MATAN	1)		
	Y		
Signature of a member or juliporized representative of	a member		_

Typed or printed name of signee