## K22000060659

(Requestor's Name)
(Nequestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u>-</u>
. 55,1410
J DENNIS
JAN 1 8 2073





500395491885

500395491885 19/21/22--01026--001 \*\*25.90

2022 OCT 21 AM 8: 36

## **COVER LETTER**

	Registration Se Division of Cor			
C110 IE7				
SUBJEC			nited Liability Company	···
The enck	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		YUNEXSIS GONZALVO	)	
			Name of Person	
		MGR		
			Firm/Company	<del></del>
		11038 LINDEN DR		
			Address	<del></del>
		SPRING HILL, FL 34609		
			City/State and Zip Code	
For furth	er information co	ivision of Corporations    BY83, LLC		
YUNEX	SIS GONZALV	O		
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JBY83, LLC				
(Name of the Lin	ited Liability Compa (A Florida Limited	iny ay it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Torida document number 1.22000060659		were filed on FI	ORIDA and assigned	
his amendment is submitted to amend the fo-	llowing:			
If amending name, enter the new name	of the limited liab	ility company ho	ere:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the d	hissignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		11038 LINDEN	<sup>g</sup> DR	
Principal office address MUST BE A STRE	ET ADDRESS)	SPRING HILL.	FL 34609	
nter new mailing address, if applicable:		11038 LINDEN	DR	
<u> Aailing address MAY BE A POST OFFICE</u>	EBON)	SPRING HILL, FL 34609		
Name of New Registered Agent:  New Registered Office Address:	I/or registered of office address here YUNEXSIS GO 11038 LINDEN	g: Onzalvo Fdr		
	200.000	Enter Flor	ido street address	
	SPRING HILL		, Florida 34609	
		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. Thereby 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
MGR	JAVIER M BOLANO DELGADO	11038 LINDEN DR	
		SPRING HILL, FL 34609	П.
			Change
			Add
			□ Remove
			Change
***************************************			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Add
			□ Remove
			□ Change
		<del></del>	
			☐ Remove
			□ Change

		<del></del>		
****				
		<u></u>		
<del></del>				
	127-1-1-1	**		
		<del></del> -		
		<del></del> .		
	<del></del>			
<u> </u>		7.2		
				—
Tective date, if other than the dinceffective date is listed, the date must be tee: If the date inserted in this bloc cument's effective date on the Dep	k does not meet the applicable s	e of filing or more than 90- statutory filing requirem	(optional) days after filing.) Pursuant to ents, this date will not be	-605,020 listed a
record specifies a delayed of the 90th day after the recor	effective date, but not an d is filed.	effective time, at 1	.2:01 a.m. on the ea	arlier o
10/17/2022 ed	10:00AM			
	<del></del> ,			
Vái	gnature of a member or authorized			_

Page 3 of 3

Filing Fee: \$25.00