4/20/22, 12:17 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022

Phone : (305)298-6579

Fax Number : (305)643-5225

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TEAM JEFE PROPERTIES LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

C. BRUMBLEY

APR 2 1 2022

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION \mathbf{OF}

H22000143133 3

TEAM JEFE PROPERTIES LLC (Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our reco	rds.)
The Articles of Organization for this Limited Liability Compared or the Articles of Organization for the Limited Liability Compared or the Articles of Organization for this Limited Liability Compared or the Articles of Organization for this Limited Liability Compared or the Articles of Organization for this Limited Liability Compared or the Articles of Organization for this Limited Liability Compared or the Articles of Organization for this Limited Liability Compared or the Articles of Organization for this Limited Liability Compared or the Articles of Organization for the Or		and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lis	ability company here:	
EAM JEFE LLC		
ne new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LL	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		2022
nter new mailing address, if applicable: <u>(ailing address MAY BE A POST OFFICE BOX)</u>		APR 20 PM 2: 1
If amending the registered agent and/or registered office ent and/or the new registered office address here:	address on our records, enter	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	<i>s</i> s
	, FI	orida Zip Code
w 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>	Name	Address	Type of Action
MGR	DANIEL HERNANDEZ-POMBO	2035 WEST 62 ST	□Add
		HIALEAH, FL 33016	□Remove
			■ Change
			□Remove
			□ Change
			□Add
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