Laa000301891

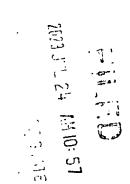
(R	equestor's Name)	
(A	ddress)	
(Ai	ddress)	
(Cı	ity/State/Zip/Phone #)	1
PICK-UP	WAIT	MAIL
(Ве	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



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S. CHATHAM JUL 25 2023





CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

INVERSIONES JF LLC	- -]
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
St. 1	Art of Inc. File
	LTD Partnership File
•	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ /	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: seth	UCC 1 or 3 File
Name Date Time	UCC Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO:	Registration Se Division of Cor			
enn ne				
SUBJE	<u></u>		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Emilio Gutierrez		
			Name of Person	
		FA Corporate Manageme	ent LLC	
			Firm/Company	
		2050 Coral Way, Ste 405	5	ing: of Person Company dress Ind Zip Code future annual report notification) 17 7616978 ea Code Daytime Telephone Number Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status &
			Address	
		Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. briespondence concerning this matter to the following: Emilio Gutierrez		
			·	
		Firm/Company 2050 Coral Way, Ste 405 Address Miami, FL 33145 City/State and Zip Code Legal2@facorporatemg.com E-mail address: (to be used for future annual report notification)		
For furt	ner information c		•	cation)
Emilio (Jutierrez		347 7616978 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$ 25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

Inversiones JF LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	pany <u>as it now appears or</u> d Liability Company)	our records.)
The Articles of Organization for this Limited I Florida document number L22000201891	Liability Compan	y were filed on 05/13/	2022 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
Inversiones CAMGD LLC			
The new name must be distinguishable and contain the	words "Limited Liab	bility Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2050 Coral Way S	te 405, Miami, FL 33145
(Principal office address MUST BE A STRE.	ET ADDRESS)		· ;
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2050 Coral Way S	te 405, Miami, FL 33145
B. If amending the registered agent and registered agent and/or the new registered of	_		er records, enter the name of the nev
Name of New Registered Agent:	FA Corporate	e Management LLC	
New Registered Office Address:	2050 Coral V	Vay Ste 405	
		Enter Florida	street address
	Miami		, Florida ³³¹⁴⁵
		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

Claudia S. Muñoz

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	FA Corporate Management LLC	2050 Coral Way Ste 405, Miami, FL 33145	
			☐ Remove
			Change
MGR	Claudia S Munoz	7441 Wayne Avenue, Miami Beach, FL 33141	
			■ Remove
			Change
MGR	John Freddy Quiroz	2600 South Douglas Rd, Suite 913 Coral Gables, Ft. 33134	Add
			Remove Change V
			□ Reesove
			Add
		·	☐ Remove
			☐ Change
			Add
			Remove
			□ Change

	tion, enter change(s) here: (Attach	The state of the s	
-			
	1, 12 12 1		
			
			
			27
			202 JUL
Effective date, if other than the fan effective date is listed, the date mus	date of filing:t be specific and cannot be prior to date of fil	(optional) ling or more than 90 days after filing.) Pu	rsuant to 605.0207
Note: If the date inserted in this ble document's effective date on the De	ock does not meet the applicable statute		
document serietive date on the 150	partment of State's records.		I not be listed as to
ne record specifies a delayed The 90th day after the rec	l effective date, but not an effe ord is filed.	ctive time, at 12:01 a.m. on	ىر the earlier of
luly 21th	2023		
Dated			
	Claudia S. Muño z	•	
· · · · · · · · · · · · · · · · · · ·	Signature of a member or authorized repres	sentative of a member	
Claudia Munozi as an	authorized representative of a mem	nber	
— .	Typed or printed name of s		

Page 3 of 3

Filing Fee: \$25.00