

L22000 286 153

(Requestor's Name)

(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:

Office Use Only



100429326151

05/16/24--010011-001 \*\*80.00

FILED  
2024 MAY 16 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JERANIO LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yanet Comesanas  
Name of Person  
VGX (US) LLC  
Firm/Company  
2020 Ponce de Leon, Suite 904  
Address  
Coral Gables, FL 33134  
City/State and Zip Code  
yanetc@vivancoyvivanco.com  
E-mail address: (to be used for future annual report notification)

FILED  
2024 MAY 16 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Yanet Comesanas 786 471-4655  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**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

## RESOLUTION OF THE MEMBER

OF

### JERANIO LLC

In accordance with the rules governing **JERANIO LLC** (the "LLC"), a Limited Liability Company registered on June 24<sup>th</sup>, 2022, numbered L22000286153 under the laws of the State of Florida, I, **Juan Jose Valerio Alfaro** acting as Director of **AVALON UNITED LLC**, in its capacity of Manager of **CLIFFORD ESTATE LLC**, Sole Member of **JERANIO LLC** do hereby set down the following on record:

- I. To dismiss Cynthia Toro, of age, bearer of the American Passport No. 574170574, as the Corporate Secretary; Authorized Signed of the LLC, effectively on the date given below.
- II. To appoint Stephanie Ortiz, of age, bearer of the American ID No. 0632-780-95-682-0, as the new Corporate Secretary; Authorized Signed of the LLC, effectively on the date given below.
- III. To notify **AVALON INCORPORATORS LLC** of this Resolution, being the address of the Registered Agent 2100 Ponce de Leon Blvd., Suite 860, Coral Gables, FL 33134.

Issued and signed on April 30<sup>th</sup>, 2024.



Juan Jose Valerio Alfaro

Director

**AVALON UNITED LLC**

Manager

**CLIFFORD ESTATE LLC**

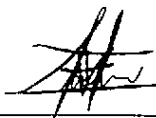
Sole Member

**JERANIO LLC**

FILED  
MAY 16 AM 11:42  
CLERK OF STATE  
TALLAHASSEE, FL

Notice of Reception

Date: April 30<sup>th</sup>, 2024



By: **AVALON INCORPORATORS LLC**

Registered Agent Juan

Jose Valerio Alfaro

Director

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JERANIO LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/24/2022 and assigned  
Florida document number L22000286153.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
2024 MAY 16 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FL

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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>	<u>Address</u>	<u>Type of Action</u>
Corporate	CYNTHIA TORO	2020 PONCE DE LEON, BLVD. SUITE 904	<input type="checkbox"/> Add
		CORAL GABLES, FL - 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Corporate	STEPHANIE ORTIZ	2020 PONCE DE LEON, BLVD. SUITE 904	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL - 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2024 MAY 16 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

2024 MAY 16 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

2024 MAY 16 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

7  
1  
1  
1  
1  
1

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_ May 2nd, 2024



Juan Jose Valerio Alfaro

Typed or printed name of signee