L2300059167

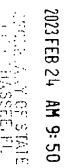
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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4/25/23 V·W



FILED

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
	LC .		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOSE ANTONIO ANDON	ALVARADO	
		Name of Person	
12045 SW 173RD TER			
		Address	
	MIAMI,FL 33177		
SUBJECT: Name of Limited Liability Company			
			. <u>. </u>
			fication)
For further information c	oncerning this matter, please ea	all:	
JANNEY RODRIGUEZ			
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	_	Certified Copy	Certificate of Status &
			ction
P.O. Box 632			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOSE AC LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L23000059687 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) ݦ 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

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.

City

_, Florida _

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>	Type of Action
MGR	JOSE ANTONIO ANDON ALVAI	12045 SW 173RD TER MIAMI FL 33177	
			□Remove
			■Change
			□Add
			□Remove
			□Change
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			□Change
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Effective date, if other than the o	late of filing:		(optional)	
(If an effective date is listed, the date must Note: If the date inserted in this block	be specific and cannot be pr ok does not meet the ann	ior to date of filing or more than 90 licable statutory filing requires	days after filing.) Pursuant to 605.0	0207 (3) al ac th
document's effective date on the Dep	partment of State's record	ds.	iches, this date will not be listed	u as me
the record specifies a delayed effective tord is filed.	date, but not an effective	time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after	the
Dated FEBRUARY 17	2023			
Dateu		·		
ر	Encluse.			
	ignature of a member or au	thorized representative of a memb	er	
JOSE ANTONIO ANDO	NALVADARO			