## 123000091610

(Requestor's Name)
(Address)
(Address)
<del></del>
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
THE THE THE TANK
(Business Entity Name)
(D)
(Document Number)
Cartificat Canica Cartificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
MAR 2 0 2023
I NECENTAL
MAR 2 0 2022
10.11.20 7023
p4:

Office Use Only



000405221790

05/24/23--01024--001 \*\*25.00

2023 HAY 22 AH 8: 38



May 5, 2023

JUAN SEBASTIAN QUINTERO J&A96 LLC 513 NW 109 AVE PEMBROKE PINES, FL 33026 US

SUBJECT: J&A96 LLC

Ref. Number: L23000091610

We have received your document for J&A96 LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

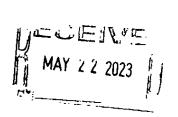
The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

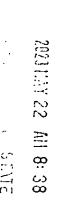
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez Regulatory Specialist II

Letter Number: 423A00010163





## **COVER LETTER**

то:	Registration Se Division of Cor		
CUBIE	J&A96 LLC		
SUBJE	-1: <u></u>	Name of Limited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspo	ndence concerning this matter to the following:	
		Juan Sebastian Quintero	
		Name of Person	
		J&A96 LLC	2023 HAY
		Firm/Company	
		513 nw 109 ave	22
		Address	
		pembroke pines, FL 33026	8: 38
		City/State and Zip Code	•
		juanseqp96@gmail.com	
		E-mail address: (to be used for future annual report notification)	<del></del>
For furth	er information co	oncerning this matter, please call:	JECEIVER
Juan Seb	astian Quintero	1 954-864-5422 at ( )	MAR 20 2023
	Name of		in Aumber
Enclosed	is a check for th	e following amount:	
\$25.0	00 Filing Fee	Certificate of Status Certified Copy	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&A96 LLC			
(Name of the Limi	ted Liability Company as it now app (A Florida Limited Liability Compan)	ears on our records.) y)	<del></del>
he Articles of Organization for this Limited L lorida document number L23000091610	iability Company were filed on	02/20/2023	_ and assigned
his amendment is submitted to amend the following	lowing:		
If amending name, enter the new name o	of the limited liability company	here:	
ne new name must be distinguishable and contain the	words "Limited Liability Company," th	ic designation "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if appli	cable:		
<u>Principal office address MUST BE A STREI</u>	ET ADDRESS)		<del>- 23</del>
			(3)
nter new mailing address, if applicable:			- 22
Aailing address MAY BE A POST OFFICE	ROY)		<u> </u>
duting utaress MAT BE AT OST OFFICE	<u> </u>	Urc	φ '-m/
			 တ
. If amending the registered agent and/or gent and/or the new registered office addre		r records, <u>enter the name o</u>	f the new regist
Name of New Registered Agent:	Juan Sebastian Quintero		
New Registered Office Address:	513 nw 109 ave		
	Enter I	lorida street address	
	pembroke pines	, Florida <u>33026</u>	
	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>	Address	Type of Action
AMBR	Juan Sebastian Quintero	513 nw 109 ave pembroke pines , fl 33026	
			□Remove
	Angela V Arias		□Add
			≣Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
	***************************************	<u> </u>	Add
			Remove
			Change )
			E w T CO □Add
			□Remove
		<del> </del>	□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change

100 percent of ownership from J&A96 LLC.			
*Im also removing Angela V Arias from the Title as VP and from the LLC company known a	s J&A9€	LLC.	
			<del></del>
	<del></del> -	<del></del>	
	<del></del>		
		<del></del>	—
		<u> </u>	
			—
ctive date, if other than the date of filing: (opti	15		
ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	onal) r filing.) P	ursuant to	605.02
If the date inserted in this block does not meet the applicable statutory filing requirements, the ment's effective date on the Department of State's records.	s date wi	ill not be	listed
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b	) The s	00th day a	after th
. 03/13/2023	٠.	20	
3		~	
,	[74] [74]	2023 MAY	