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12/13/23--01021--001 **25.00

COVER LETTER

TO: Registration S Division of Co	ection rporations					
JACH MI	AMI, LLC					
Name of Limited Liability Company						
The enclosed Articles of	f Amendment and fec(s) are sul	omitted for filing.				
	ondence concerning this matter	C				
	STACEY CARBI					
	·	Name of Person				
	JACH MIAMI, LLC					
		Firm/Company	.			
	2 ELM DR					
		Address				
	MIAMI SPRINGS, FL 33	166				
	 	City/State and Zip Code	<u> </u>			
	JAVSTA2018@GMAIL.C	ОМ				
	E-mail address:	to be used for future annual report noti	fication)			
For further information of	concerning this matter, please c	all:				
STACEY CARBI		816 646-1418				
Name of Person		Area Code Daytim	e Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section		Street Address:	aria			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

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

237 - 19 8 1

JACH MIAMI, ELC		<u></u>	
(Name of the Limited Liability Compar (A Florida Limited I.	iv as it now appears on our records.) lability Company)	<u>`</u>	
The Articles of Organization for this Limited Liability Company value of Organization for this Company value of Organizati	were filed on 04/11/2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabilia	ty Company," the designation "LLC" o	r 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)			
IMALING AUGUS MAT BE A FOST OFFICE BOX)			
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, <u>enter the</u>	e name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florid	da Zip Code	
Name Description 1 and 10 and	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			

<u>N</u>

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	<u>Address</u>	Type of Action
OWNER	JAVIER CARBI	2 ELM DRIVE	■Add
		MIAMI SPRINGS, FL 33166	
			□Change
			□Add
			□Remove
			□ Change
			
			□Remove
			□ Change
			□Add
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			□Change
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			□ Chango

Effective date, if other than the date of filing:				
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