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COVER LETTER

Division of Corporations	
SUBJECT: JUA MOONT 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:	
Angela M. Fernandez Name of Person	1601 E
JUH mont III	3,20
1070 montgomery Rd. # 2446	pl. 2:20
Atom the Springs FL 32714 City/Space and Lip Code	rija o
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	

P.O. Box 6327

Tallahassee. FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MITMOUTE					
(Name of the Limited	l Liability Company as it now appear V Florida Limited Liability Company)	rs on our records.)			
Articles of Organization for this Limited Liability Company were filed on 412523 and assigned rida document number 123000 2028112					
This amendment is submitted to amend the follow	end the following: ew name of the limited liability company here: contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "P.L.C." is, if applicable: A STREET ADDRESS) Iticable: TOFFICE BOX) Int and/or registered office address on our records, enter the name of the new registered fice address here: Agent: dress:				
A. If amending name, enter the new name of t	he limited liability company he	ere:			
		:- 13			
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the d	lesignation "LLC" or the abbreviation "R.L.C."			
Enter new principal offices address, if applical	ble:	74 - 3	—		
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>		
		<u> </u>	<u> </u>		
		7 22			
Enter new mailing address, if applicable:			—		
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>		<u> </u>		
			_		
B. If amending the registered agent and/or regagent and/or the new registered office address		ecords, enter the name of the new regis	<u>tered</u>		
Name of New Registered Agent:					
New Registered Office Address:	Enter Flor	rida street address	_		
		, Florida Zip Code			
	City	Zip Code			
New Registered Agent's Signature, if changing Re	gistered 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
MGR	Angela m. Fernandez	1070 montgomeny Rd. 2441 Altamonte Springs, FL3271	<u>o</u> b X 4dd -
			□Remove
			□Change
			□Add
			Remove
			Remove R23 Change P2 BAdd
			Remove
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			□Change

	
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tive date, if other than the date of filing: 4120123 Tective date is listed, the date must be specific and cannot be prior to date of filing or m. If the date inserted in this block does not meet the applicable statutory filin ment's effective date on the Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605 ng requirements, this date will not be liste
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. filed.	on the earlier of: (b) The 90th day after
April 210 . 2023.	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

Filing Fee: \$25.00



Department of State / Division of Corporations / Search Records / Search by Document Number /

Detail by Document Number

Florida Limited Liability Company

JNA MGMT LLC

Filing Information

Document Number

L23000202862

FEI/EIN Number

NONE

Date Filed

04/25/2023

Effective Date

04/20/2023

State

FL

Status

ACTIVE

Principal Address

1070 MONTGOMERY RD

2446

ALTAMONTE SPRINGS, FL 32714

Mailing Address

1070 MONTGOMERY RD

2446

ALTAMONTE SPRINGS, FL 32714

Registered Agent Name & Address

FERNANDEZ, ANGELA M

1070 MONTGOMERY RD

2446

ALTAMONTE SPRINGS_FL32714

Authorized Person(s) Detail

NONE

Annual Reports

No Annual Reports Filed

Document Images

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