

L23000285841

(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



000411666950

07/10/23--01014--024 **30.00

FILED
2023 JUL 10 PM 1:15
CLERK OF COURT
JANESVILLE, WI

Y. SCOTT

AUG 13 2023

TO: **Registration Section
Division of Corporations**

JONJOR MIDBLOCK 602 LLC

SUBJECT: _____
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:

Monica Cisneros

Name of Person

Firm/Company

121 NE 34TH ST UNIT 403

Address

MIAMI, FLORIDA 33137

City/State and Zip Code

MONICACISNEROS@ME.COM

E-mail address: (to be used for future annual report notification)

2023 JUL 10 PM 1:15
FILED

For further information concerning this matter, please call:

Monica Cisneros

862

228 1998

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the 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
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

10
**ARTICLES OF ORGANIZATION
OF**

JONJOR MIDBLOCK 602 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 6/28/2023 and assigned
Florida document number 123000285841.

This amendment is submitted to amend the following:

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

JONJOR HOLDINGS LLC

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)

121 NE 34TH ST

MIAMI, FLORIDA 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

121 NE 34TH ST

MIAMI, FLORIDA 33137

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:

Monica Cisneros

New Registered Office Address:

121 NE 34TH ST

Enter Florida street address

MIAMI

Florida

33137

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

~~or removed from our roster.~~

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <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 |
| | | _____ | <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 |

2023 JUL 10 PM 1:16
COMMUNITY CENTER

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
2023 JUL 10 PM 1:16
CLERK OF DISTRICT COURT
STATE OF OKLAHOMA
OKLAHOMA COUNTY

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Hello,

I would like to change the name + address
of my business. Please see attached
forms.

Owner / Registered agent
Monica Cisneros

121 NE 34th St Miami FL 33137

Phone 862 - 228 - 1998

Email monicacisneros@me.com

FILED
2023 JUL 10 PM 1:16
CLERK OF DISTRICT COURT
MIAMI, FL