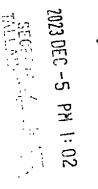
L23000314914

Office Use Only



900419639109

12/05/23--01018--009 **80.00



COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	JS GROUP LLC	· ·		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MIGUEL B PAZ			
		Name of Person		
	VITRUVIUS GROUP LL	3		
		Firm/Company		
	3500 TORREMOLINOS A	AVE		
		Address		
	DORAL,FL 33178			
		City/State and Zip Code		
	do.paz@hotmail.com			
		to be used for future annual report notif	ication)	
For further information e	oncerning this matter, please ca	all:		
Miguel B Paz		786 357 2016		
Name o	f Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a check for the	ne following amount:			
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address: Registration Sec	rtion	
Registration Section Division of Corporations		Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VITRUVIUS GROUP LLC

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) (ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 08/09/2023	and assigned
Florida document number 1.23000374914		
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 Liabili	ty Company," the designation "LLC" or the abb	reviews "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		1 91134
Trincipul office dutiess MOST DE ASTREET ADDRESSY	7.7	ंग ह
	↑.•	<u> </u>
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name</u>	of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I am fa	miliar with and

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	MIGUEL B. PAZ JR.	7456 SW 48 ST MIAMLEL 33155	
			□Remove
			□Change
AMBR	FELIPE G. PAZ-JULIAO	7456 SW 48 ST MIAMLEL 33155	
			□Remove
			□Change
AMBR	SANTIAGO A. PAZ	7456 SW 48 ST MIAMLFL 33155	\=\\\\\\
			□Remove
			Change
			[]Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

					<u> </u>			
						<u>"</u>		
								
			_			<u> </u>		
							<u></u>	
		<u> </u>				.		
							_	
								
						_		
							· <u> </u>	
								
fective da	te, if other tha	in the date of	filine:			(onti	ional)	
an effective	late is listed, the da	ate must be speci:	fic and cannot be	prior to date c	of filing or more th	an 90 days afte	r filing.) Pursua	nt to 605.02
<u>ote:</u> If the scument's a	date inserted in affective date on	this block does the Departmen	anot meet the a nt of State's rec	ipplicable sta cords,	tutory filing req	uirements, th	is date witt no	t be listed
		•						
rocerd enoc	ifies a delayed e	ffective date b	ut not an effect	tive time at '	2:01 a.m. on the	e earlier of: ()	o) The 90th a	lav after tl
is filed.	mes a demyed c	Treetive dute, (7)	or agram erree.		7		, , , , , , , , , , , , , , , , , , , ,	
					/		_	
HOU	EMBER 29TH		2023	. 1	14.5	a 1 (
ated					U V KU/	1 1		
ated				[/ V"		•	
is filed. NOV				-	presentative of a r			

Filing Fee: \$25.00