

L24000019955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

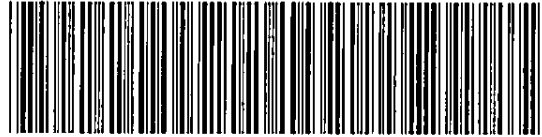
(Document Number)

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APR 22 2024

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2024 APR 19 PM 12:01

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TALLAHASSEE, FLORIDA

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2024 APR 19 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
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*When you need ACCESS to the world*

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**WALK IN**

**PICK UP:** BROOK 4/19

**CERTIFIED COPY**

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**LLC AMEND**

**1. JGN MIAMI LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

JGN Miami LLC

(Name of the Limited Liability Company as it now appears on our records:)  
(A Florida Limited Liability Company)

FILED  
2024 APR 19 PM 12:03

The Articles of Organization for this Limited Liability Company were filed on 1/08/2024 and assigned  
Florida document number 124000019955

This amendment is submitted to amend the following:

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

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Gunjan Narang	3141 SW 137th Ave	<input type="checkbox"/> Add
		Miami, FL 33175	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Gunjan Narang	3141 SW 137th Ave	<input checked="" type="checkbox"/> Add
		Miami, FL 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(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)

Dated April 16, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee