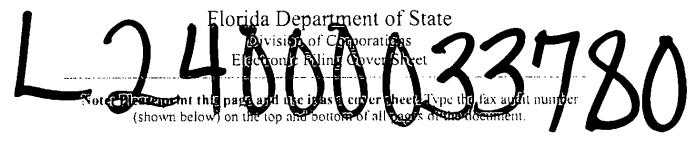
Division of Corporations



(((H24000256342 3)))



H240002553423ABC

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To:

Division of Corporations

fax Number : (850)617-6383

From:

Account Name : WHOLE TAX PROFESSIONAL SERVICES, INC.

Account Number : I20200000179 Phone : (786)253-9951

Fax Number : (305)397-1052

ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JOMEL PRODUCTION, LLC

Certificate of Status	0
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M. SOLOMON

JUL 3 U 2024

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H24000256342

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Ciņ	, FIORICE	Zip Code
	MIAMI	, Florida 3	3186
New Registered Office Address:	9540 SW 140TH CT	Enter Florida street address	
Name of New Registered Agent:	MAYDELIN ESTEVE	Z LOPEZ	
B. If amending the registered agent and/or agent and/or the new registered office addre	egistered office address ss here:	on our records, enter the na	me of the new registered
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>
Enter new mailing address, if applicable:			PM 1: 36
(Principal office address MUST BE A STREE	<u>TADDRESS)</u>		
Enter new principal offices address, if applic			
The new name must be distinguishable and contain the v	ords "Limited Liability Comp	any," the designation "LLC" or the	abbreviation I.(L.C."
A. If amending name, enter the new name o	f the limited liability cor	npany here:	
This amendment is submitted to amend the following	owing:		
Florida document number L24000033780			
The Articles of Organization for this Limited L	iability Company were fil	led on 01/17/2024	and assigned
(Name of the Limi	ed Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)	
JOMEL PRODUCTION, LLC			

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

H2400025 6342 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

Title	Nume	Address	Type of Action
MGR	MAYDELIN ESTEVEZ LOPEZ	9450 SW 140TH CT	
		MIAMI, FL 33186	■Remove
			☐ Change
AMUR -	MAYDELIN, ESTEVEZ LOPEZ	9450 SW 140TH CT	
		MIAMI, FL 33186	□Remove
			☐ Change
AMBR	JOEL A LEON CABRERA	9450 SW 140TH CT	≣Add
		MIAMI, FL 33186	CRemove
			[Change
			SECRET
			□ Régione C
			EAGE E
			□Remove
			□Add
		1840	TRemove
			□ Change

MAYDELIN ESTEVEZ LOPEZ

If amending any other inform	ation, enter change(s) here: (Attach additiona	d sheets, if necessary.)
		THE RESIDENCE OF THE PROPERTY
•		
		
		
		
81 181		270
		2024 JUL 30
-		PH 1:
		36 NO.

		11 2 11
Effective date, if other than t (If an effective date is listed, the date r Note: If the date inserted in this document's effective date on the	e date of filing: ust be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing re Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0207 (3)(b) equirements, this date will not be listed as the
	ive date, but not an effective time, at 12:01 a.m. on t	he earlier of: (b) The 90th day after the
Dated July 29	2024	

Typed or printed name of signee