L34000145788

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COVER LETTER TO: **Registration Section Division of Corporations** JARAL 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: **ESTELA MORALES** Name of Person AXIOM ACCOUNTING PA Firm/Company 4951 TAMIAMI TRAIL N SUITE 103 Address NAPLES, FL 34103 City/State and Zip Code emorales@axiomaccountingpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ESTELA MORALES** Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: **Registration Section** Registration Section **Division of Corporations Division of Corporations**

P.O. Box 6327

Docusign Envelope ID: E792C2FC-E92C-418F-8E43-6B8F494EC68A

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF FILED 2024 SEP // AM // 27

JARAL LLC

	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited I	Liability Company were filed on 03/25/2024 and assign	ied
Florida document number L24000145788		
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
N/A		
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 appli	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
•••	F ROY1	
• • • • • • • • • • • • • • • • • • • •	E BOX)	
• • • • • • • • • • • • • • • • • • • •	E BOX)	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office address on our records, enter the name of the new r	egist
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office address on our records, enter the name of the new r	egist
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office address on our records, enter the name of the new r	egist
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office address on our records, <u>enter the name of the new ress here</u> :	egist
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address	registered office address on our records, <u>enter the name of the new ress here</u> :	egist
agent and/or the new registered office address Name of New Registered Agent:	registered office address on our records, <u>enter the name of the new ress here</u> : N/A	egist

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.

Docusign Envelope ID: E792C2FC-E92C-418F-8E43-6B8F494EC68A An amending Authorized rerson(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
MGRM	Jose Maria Guzman Capobianco	4710 GRANT STREETHOLLYWOOD, FL 33021	= Add
			□Remove
			□Change
MGRM	Lucia Guzman Capobianco	710 GRANT STREETHOLLYWOOD, FL 33021	= Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Change
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			□Remove
			□Change

. If amending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)
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Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	te of filing:
he record specifies a delayed effective da ord is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated SEPTEMBER 05	
	alvaro gueman
Sign	nature of a member or authorized representative of a member
GUZMAN CAPOBIANCO	O, ALVARO
	Typed or printed name of signee

Elling France 625 00