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10:	Division of Cor		স্বক্ <i>ন এক</i>	
	JMB INNO	DVATIVE SOLLUTIONS, LL	C	
SUBJEC	CT:	Name of Lim	ited Liability Company	
The and	and Arialmen	· Amountained for (a) and such	mitted for filing	
		Amendment and fee(s) are sub	•	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		RAMON ORTEGA		
		4	Name of Person	
		RAMON ORTEGA CPA,	PA	
			Firm/Company	
		1555 BONAVENTURE E	BLVD SUITE 1028	
			Address	
		WESTON, FL 33326		
		-	City/State and Zip Code	
		RORTEGA@RAMONOR	FEGACPA.COM to be used for future annual report no	tilication)
For furth	ner information o	concerning this matter, please e	•	initiality.
RAMO	N ORTEGA		954 465-9315	
	Name o	of Person	at () Area Code Dayti	me Telephone Number
Enclosed	is a check for t	he 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 Addre Registration		Street Address: Registration S	ection
	Division of C	Corporations	Division of Co	orporations
	P.O. Box 633 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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JMB INNOVATIVE SOLLUTIONS, LLC

The Articles of Organization for this Limited L	iability Company v	were filed on03/29/2	024 and assigned
Florida document number	·		•
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liabil	lity company here:	
JMB INNOVATIVE SOLUTIONS, LLC			
The new name must be distinguishable and contain the v	words "Limited Liability	ty Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	ss here:	EA-CHAURERO	is, enter the name of the new registered
New Registered Office Address:	1745 ASPEN LI	N	
New Registered Office Address.	-	Enter Florida st	
	WESTON		, Florida 33327 Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	per and complete pristered agent as princed agent as princed office of the change.	performance of my of rovided for in Chap address, I hereby co	luties, and I am familiar with and ter 605, F.S. Or, if this document is

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	MARCIAL PORTILLO	1745 ASPEN LN	□Add
		WESTON, FL 33327	■Remove
			□ Change
			□Add
			□Remove
			Change
		_	□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

	
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Effective data if other t	than the date of filing: (optional)
f an effective date is listed, the Note: If the date inserted	e date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 in this block does not meet the applicable statutory filing requirements, this date will not be listed as on the Department of State's records.
e record specifies a delayed rd is filed.	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
, APRIL 8	2024
Dated	
	Mary Charges
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00