# L24000301747

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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor					
SUBJECT: JFMA	AVENTURA LLC				
	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	VALERIA SCHVAR				
		Name of Person			
	LAW OFFICE OF V	ALERIA SCHVARTZMAN			
		Firm/Company			
	VSD MANAGEMENT	LLC - 2999 NE 191 ST SUIT	E 402		
	Address				
	AVENTURA , FLOR	IDA 33180			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City/State and Zip Code			
	E-mail address: (	to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please co	all:			
VALERIA SCHVAR	TZMAN	at (305-97 <b>4</b> -0114			
Name o	f Person		e 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)		
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se			
Division of C P.O. Box 632		Division of Cou The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 JUL 17 AM 9:51

(Name of the Limited Liability Compa (A Florida Limited I.	Liability Company) ALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000301747</u> .	were filed on 07/05/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	3300NE 191 ST UNIT 1015, AVENTURA FL 33180
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3300NE 191 ST UNIT 1015, AVENTURA FL 33180
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del> -	City Zip Code

### New Registered Agent's Signature, if changing Registered Agent:

IEMA AVENTURA I.I.C.

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 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>	Type of Ac	<u>tion</u>
MGR	JUAN PABLO MOLINA MAL	DON <u>ADO</u>	3300NE 191 ST UNIT 1015 AVEN	TURA FL 3
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Note:	date, if other than the date of filing:
e reco rd is f	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Datur	7/05/2024
Dated	- HI
	Signature of a member or authorized representative of a member
	$\checkmark$

Filing Fee: \$25.00