L13000072576

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COVER LETTER

Division of C	orporations			
JPSA LL SUBJECT:	С	•		
	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	NELSON BALLESTERO	S		
		Name of Person		
	NELPI SERVICES INC			
	Firm/Company			
	2393 S CONGRESS AVE STE 223			
		Address		
	WEST PALM BEACH, F	L 33406		
		City/State and Zip Code		
	NELSON@NELPISERVIC			
	E-mail address: (to be used for future annual report notifi	ication)	
For further information	concerning this matter, please c	all:		
NELSON BALLESTE	EROS	561 2536070 at ()		
Name of Person			Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	S30.00 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 ADDRESS:

43

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JPSA LLC		
(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)	
(A Fiorios Lumico	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on FLORIDA	and assigned
Florida document number L13000072576		
Plonoa document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		5. 5
		AR (4)
		\$E 2
B. If amending the registered agent and/or registered o	Man adduses on our resource onto	6 CO
registered agent and/or the new registered office address her		T the name of the me
Together we were an analytic men a constitution of the matters men	* *• .	770
		95 -
Name of New Registered Agent:		<u>සිත </u>
		⊅
New Registered Office Address:	Enter Florida street address	
	Putti Laniaa meet aamezz	
, 	, Florida _	
•	Cim	7in 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

Title	<u>Name</u>	Address	Type of Action
MGR	CARLOS H. OSORIO	5626 GUN CLUB RD	🖪 Add
		WEST PALM BEACH, FL 33415	☐ Remove
		***	Change
		<u> </u>	
			[] Remove
		A Company of the Comp	Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicable tument's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.0207 ole statutory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not he 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of
ed September 10 2015	
	3 °
Tolar One C	~~
Signature of a member of authori	ized representative of a member

Page 3 of 3

Filing Fee: \$25.00