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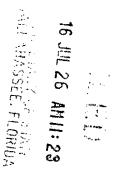
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| PICK-UP WAIT MAIL |
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COVER LETTER

| Jopear, I. | LC | | |
|---|--|---|-------------------------|
| SUBJECT: | Name of Limi | ted Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are subt | nitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | | Name of Person | |
| Division of Corporations - SUBJECT: Jopear, LLC | | | |
| | Control Contro | Name of Person Firm/Company Address City/State and Zip Code See used for future annual report notification) | |
| | 11900 Biscayne Blvd, #289 |) | |
| | | Address | |
| | Miami, FL 33181 | | |
| | | City/State and Zip Code | |
| | = | o be used for future annual report notifi | cation) |
| For further information | | | |
| Natasha Barrientos | | | |
| Nam | e of Person | | Telephone Number |
| Enclosed is a check fo | r the following amount: | | |
| \$25.00 Filing Fee | | Certified Copy | Certificate of Status & |

MAILING ADDRESS: 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

| Jopear, LLC | | |
|--|---|-------------------------|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company villorida document number L16000025376 | vere filed on 02/05/2016 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabilit | ly Company," the designation "LLC" or th | e 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) | | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | ter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | 16.34 |
| | , Florida | Zip Carde |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| l hereby accept the appointment as registered agent and agree | e to act in this capacity. I further | agree to comply with th |

If Changing Registered Agent, Signature of New Registered Agent

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 Action |
|--------------|------------------|------------------------------|---|
| MGR | Reboredo, Javier | 11900 Biscayne Blve Ste 289 | Add |
| | | Miami, FL 33181 | ■ Remove |
| | | 11900 Biscayne Blvd, Ste 289 | ☐ Change |
| MGR | Rousso, Mark | Miami, FL 33181 | ■ Add |
| | | | □ Remove |
| | | | Change |
| | | | Add |
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| ffective date, if other than the an effective date is listed, the date multiple. If the date inserted in this blocument's effective date on the I | ist be specific and cannot be prior to data clock does not meet the applicable | e of filing or more than 90 d statutory filing requireme | _(optional) | ont to 605.020 to be listed as |
| e record specifies a delaye The 90th day after the re | ed effective date, but not an cord is filed. | effective time, at 1 | 2:01 a.m. on the | e earlier o |
| ated July 21 | , 2016 | | | |
| | MMM | 1/ | | |
| | Signature of a member or authorized | representative of a member | • | |
| | | | | |

Page 3 of 3

Filing Fee: \$25.00