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COVER LETTER . .

	Registration Se Division of Cor			
414 195 413-0		GISTER LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
		1		
The enck	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		CARLO ZAMBONNI	·	
		JURIS MAGISTER LLC	Name of Person	,
1	Firm/Company 1221 BRICKEL AVENUE, SUITE 900			
	1	MIAMI, FL 33131	Address	
		info@jurismagister.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furthe	er information c	oncerning this matter, please ca	dh:	
Carlo Za	ımbonni '		305 515 8060	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
⊞ \$25.0	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)
		ING ADDRESS: ation Section	STREET/COUR Registration Secti	
	Divisio P.O. Be	n of Corporations ox 6327 issee, FL 32314	Division of Corpo Clifton Building 2661 Executive C	enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION APR -8 PH 4: 09 OF

JURIS MAGISTER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lial	bility Company were filed on 05/15/2012	and assigned
Florida document number L12000065644		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
JURIS MAGISTER CORPORATE SERVICES L	LC	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/or	OX)	enter the name of the new
registered agent and/or the new registered offi		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
	. Flor	rida
	City	Zip 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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> □ Add _□ Remove _□ Change _□ Add _□ Remove ☐ Change _□ Remove _ Change _□ Add ☐ Remove ☐ Change _□ Add _□ Remove _□ Change _□ Add □ Remove _□ Change

D If a=	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
D. II all	' Ander and other mation, enter change(s) here. (Ander additional sheets, if necessary.)
	
(If an e Note	ctive date, if other than the date of filing:
If the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie se 90th day after the record is filed.
Date	d 2019

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Filing Fee: \$25.00