Division of Corporations

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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : FAS-T CORP. AGENTS, INC. Account Number : 071001002335

Phone : (305)599-0839 Fax Number : (305)716-0346

LIMITED LIABILITY AMENDMENT

JUPITER VENUS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00



ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

SEC	OND: The articles of organization or the application to transact business		,	
(C)	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT			
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:	_		
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		TAC AM	100 m	
	<u>OR</u>	JASSEI JARY	ಷ	
×	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: Τωο ΜΕΜΒΕΚΕ SIGNING:	ON STATE	# 9: LI	
	SERGIO NERCESSIAN, MEMBER - Kysh Nhust	φ,		
	ELIZABETH ANDRADE, MEMBER - EURON for	each	, -	
Dated	Signature of a member or authorized representative of 6 member	.		

Typed or printed name of signee

CR2E062(3/00)

<u>ARTICLES OF ORGANIZATION</u> FOR

Jupiter Venus, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

Jupiter Venus, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

> 1830 Meridian Ave, 605 Miami Beach, FL 33139

ARTICLE III -REGISTERED AGENT/REGISTERED OFFICE

The name and the Florida street address of the registered agent are:

Christine Bollinger Hunt 1830 Meridian Ave, 704 Miami Beach, FL 33139

Having been named as registered agent and to accept service of process for the above stated limited liability rompany at the place designated in this certificate, 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 statures relating 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 508, F.S.

Signature.

In accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signature.

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