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COVER LETTER

TO: Registration Division of C			
SUBJECT: JEDA	. LLC		0
SUBJECT. <u>ULL</u>	(Name of Lim	ited Liability Company)	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Rafael Padron, Jr.	(Name of Person)	
		(Name of reison)	
		(Firm/Company)	
	8370 NW 159th Terrrace	(Address)	 .
	Miami Lakes, FI 33016		
		(City/State and Zip Code)	
For further informatio	n concerning this matter, please c	call:	
Rafael Padron, Jr.		at (305-) 525-3054	
(Nan	ne of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	r the 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)
Reg Divi P.O.	ILING ADDRESS: Istration Section Istration of Corporations Istration of Corporation of Corporations Istration of Corporation of Corporations Istration of Corporation of Cor	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEDA, LLC				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Liability Company were filed on 5/17/2002 and assigned Florida document number L02000012045				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
JEDA CONSTRUCTION GROUP, LLC				
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	8370 NW 159th Terrace			
(Principal office address MUST BE A STREET ADDRESS)	Miami Lakes, FI 33016			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8370 NW 159 Terrace Miami Lakes, FI 33016			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address), Florida			
	(City)(Zip Code)			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with- lete performance of my duties, and I am familiar with and provided for in Chapter 608, F.S. Or, if this document is			

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Julie Padron	8370 NW 159th Street Miami Lakes, FI 33016	
			Pomovo
			Add Remove
··			Add Remove
	,		— D
<u> </u>			Add Remove
D. If amen —	ding any other information, enter	change(s) here: (Attach additional sheets, if ne	cessary.)
_		. •	09 HAR - COURSE
— Dated		7	ASSET FLORIDA
	Signature of a Rafael Padron, Ju	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00