BILITY COMPANY ATEMENT

DOCUMEN | # L05000057451

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 OCT 23 AM 10: 08

1. Entity Name J R INTERNATIONAL LLC

Principal Place of Business 8871 NW FOUNTAINBLEAU BLVD.

505 MIAMI. FL 33172 Mailing Address

12360 SW 122 STREET

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MIAMI, FL 33186

2. Surple Bance of Questiones	I WILLIAM, I L J.	3172	1111/1111, TE 33100			1				
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STATE OF STA	City & Stat	åmi, FC	Miami		4.			315		•
NATIZ. RICO 12360 SW 122 STREET 103 MIAMI, FL 33186 City FL Zip Code 8. The above named entity submits inis statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWIII FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00 PITLE NOWIII FEE IS \$150.00 ARE Change Addition MARE Check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE MGRM ZULUAGA, LUIS G Change Addition NAME ZULUAGA, LUIS G Change Addition TITLE MANAGERS CITY-ST-2P MIAMI, FL 33172 Delete TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TITLE MANAGERS CITY-ST-2P TI	3317	1	33170		5.	. Certificate	of Status Desire			
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current F	Registered Agent	_	7.	. Name and	d Address of Ne	w Registered Ag	jent	
Street Address (P.O. Box Number is Not Acceptable)	OPTIZ DI	CO		Name						
MIAMI, FL 33186 City FL Zip Code	12360 SW			Stree	Address (P.O.	. Box Numb	per is Not Accept	table)		
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature: Special remains a finite in the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature: Special remains a finite in the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida Departurent of State agent, or both, in the State of Florida Departurent of State agent, or both, in the State of Florida Departurent of State agent, or both, in the State of Florida Departurent of State agent, or both, in the State of Florida Departurent of State agent, or both, in the State of Florida Departurent of State agent, or both, in the State of Florida Departurent of State agent, or both, in the Stat	1	33186								
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE	10	117	106	305 4543019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	<u> </u>	Daytime Phone #