L08000067364

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| (Re | questor's Name) | |
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| . (Bu | siness Entity Nam | e) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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FILED FLATE
SCORETARY OF STATE
DIVISION OF CORPORATION

08 SEP 17 AM II: 21

J. BRYAN

SEP 18 2008

EXAMINER

COVER LETTER

| TO: Registration So Division of Cor | | | | |
|--|---|--|--|---|
| SUBJECT: FOREC | LOSURE PREVEN | | | 8 |
| | (Name of Limi | ited Liability Company) | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | VICTOR D BENITEZ | | | 80 1,410 S |
| | | (Name of Person) | | NECRETARY OF STATIONS OF STATIONS OF CORPORATIONS OF 17 AM 11: 24 |
| | | (Firm/Company) | | CORPORATIONS 7 AM II: 24 |
| | 7761 NW 159 TERRACE | | | - RATI |
| | | (Address) | | ions 24 |
| | MIAMI LAKES, FL 33016 | i | | |
| | | (City/State and Zip Code) | | |
| For further information c | oncerning this matter, please ca | ail: | | |
| VICTOR D BENITEZ | | at (305) 698-2300 | | |
| (Name | of Person) | (Area Code & Daytime T | 'elephone Number) | |
| Enclosed is a check for the | he 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 Sta Certified Copy (additional copy | atus & |

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

FORECLOSURE PREVENTION GROUP, 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 Liability Co | mpany were filed on 7/11/200 | and assigned | |
|--|---------------------------------------|--|--|
| Florida document number L08000067364 | - | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | | |
| JD MANAGEMENT GROUP, LLC | | | |
| The new name must be distinguishable and end with the word "L.L.C." | s "Limited Liability Company," t | he designation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRE | ESSS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | · · · · · · · · · · · · · · · · · · · | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office addresses | | ecords, enter the name of the new | |
| registered agent and/or the new registered office addition | ess ucre. | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| Nogisticia Office Auticss. | (Enter F | (Enter Florida street address) | |
| | | | |
| | (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 608, 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)

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title \ Name Address **Type of Action** ☐ Add ☐ Remove ☐ Remove 🗂 Add ☐ Remove ☐ Add Remove ☐ Add Remove ┌ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated SEPTEMBER 15 Signature of a member or authorized representative of a member **VICTOR D BENITEZ** Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00