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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON MAY 2 2 2009

EXAMINER

COVER LETTER

SUBJECT: Might JAOE, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ANNA Sminwood Name of Person	stration Section sion of Corporations
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	Miami JAOS LLC
Please return all correspondence concerning this matter to the following:	Name of Limited Liability Company
1	Articles of Amendment and fee(s) are submitted for filing.
ANNA SMINNOVA Name of Person	all correspondence concerning this matter to the following:
Name of Person	ANNA SMINNOVA.
	Name of Person
MIAMI JADY LLC Firm/Company	MIAMI TADE LLC
Firm/Company	Firm/Company
100 S. POINTE DRIVE, #2705	100 S. POINTE DAINE, # 2705
1	
MIAMI BCACIT, FL 33139 City/State and Zip Code	MIAMI BEACH, FL 33139
City/State and Zip Code	City/State and Zip Code
E-mail address: (to be used for future annual report notification)	E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:	ormation concerning this matter, please call:
Rame of Person at (954) 620-1100 Area Code & Daytime Telephone Number	5 ZALKINO, 55Q at (954) 620-1100
Name of Person Area Code & Daytime Telephone Number	Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution} \text{Solution} \text{Solution} \text{Filing Fee & Solution} \text{Solution} \text{Solution} \text{Filing Fee & Solution} \text{Solution} \text{Solution} \text{Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}	Certificate of Status Certified Copy Certificate of Status &

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

The Articles of Organization for this Limited Liability Company were filed on 2/17/09Florida document number L09000016084 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 100 S. POINTE DRIVE # 2705 Enter new principal offices address, if applicable: MIAMI BRACH FL 33139 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new

registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

100 S. POINTE DRIVE, # 2705

Enter Florida street address

MIAMI BEACH , Florida ## 33139

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 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 Title Name Address Type of Action 100 S. POINTE DAIVE # 2705 MIAMI BEACH, FL 3'3139 MGR VICTOR KUDRIN ☐ Add Remove ☐ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE CHANGE THE ADDRESS OF THE MANAGEN ANNA SMIRNOUA: 100 S. DOINTE DRIVE, #2705 Signature of a member or authorized representative of a member Smirrova Anna
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00