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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
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Special Instructions t	o Filing Officer:	Ĭ
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TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE
THY ISLIDED OF CORPORATIONS
2012 SEP 21 AM 9: 42

SECRETARY OF STATE DIVISION OF CORPORATION

12 SEP 21 AM 9: 48

SEP 2 4 2012 T. HAMPTON

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

RPORATION NAME(S) & DOG	Office Use Only CUMENT NUMBER(S), (if known):
JOPE IN (Corporation Name)	VESTMENTS LLC
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait	Certified Copy Photocopy Certificate of Status
EW FILINGS Profit Not for Profit Limited Liability Domestication	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal
Other OTHER FILINGS	Merger REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF DIVISION OF CORPORATIONS

12 SEP 21 AM 9: 48

JOPE INVEST				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	ers on our records.)		
The Articles of Organization for this Limited Liability Company were filed on				
Florida document numberL0900056738				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	e <u>re</u> :		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	1820 N Corporate Lakes Blvd. suite 206			
(Principal office address MUST BE A STREET ADDRESS)	Weston Fl. 33326			
Enter new mailing address, if applicable:	1820 N Corp	oorate Lakes Blvd.	suite 206	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter t	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida		Zip Code	
	City		гір Соае	

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 <u>Title</u> <u>Name</u> **Address** Type of Action ☐ Add Remove ☐ 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.) September 18, 2012 Dated Signature of a thember or authorized representative of a member Martha Diaz Sanchez Typed or printed name of signee

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Filing Fee: \$25.00