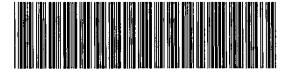
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S. YOUNG

COVER LETTER

Division	Corporations
	HOLDING LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Arti	of Amendment and fee(s) are submitted for filing.
Please return all c	spondence concerning this matter to the following:
	ERIC AMSALLEM
	Name of Person
	JAMDE HOLDING LLC
	Firm/Company
	517 W 41 ST SUITE 500
	City/State and Zip Code MIAMI BEACH FL 33140 E-mail address: (to be used for future annual report notification)
	City/State and Zip Code MIAMI BEACH FL 33140
	E-mail address: (to be used for future annual report notification)
For further inform	n concerning this matter, please call:
ERIC AMSALLI	786 985-1374 at ()
	te of Person Area Code Daytime Telephone Number
Enclosed is a che	or the following amount:
□ \$25.00 Filing	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, 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:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAMDE HOLDING LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	n <mark>pany as it now appears on our records.</mark> ed Liability Company))
The Articles of Organization for this Limited Liability Compa	nny were filed on 02/01/2010	and assigned
Florida document number L10000011269		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		- F-132
		平 元州
		で 1. 2207
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2 - 7
		ي و و
		" "
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 605, 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



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	FIRMANN, ANDRE	RUE LECHERE I	
		BULLE, SW 1630, SW	■ Remove
			Change
MGRM	FIRMANN , JULIEN	PAATELIERS FIRMANNS	A ■ Add
		PAATELIERS FIRMANNS R <u>UE DE LA LECHERE 1</u> BULLE, SW 1630, SW	Remove
			Change I A F T
			Remove
			Change SE
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n effective date is listed, the date must be te: If the date inserted in this block	specific and cannot be pr	ior to date of filing	or more than 90 days af	fer filing.) Pursuant to 605.	0207 das
cument's effective date on the Depa	rtment of State's recor	ds.	mig requirements, t	ms date with not be hate	
record specifies a delayed e The 90th day after the record	fective date, but i I is filed.	not an effectiv	ve time, at 12:01	. a.m. on the earlie	r of
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AUGUST , I ted	2016	()			
		-A/ N			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00