L10000098813

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EXAMI

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	JUPITER I, L	I.C			
		imited Liability Company			
The enclosed Articles of A					
Please return all correspon	idence concerning this mat	ter to the following:			
	Michael A. La	ampert Name of Person			
	Michael A. La	umpert, P.A.	· 		
	46F5 D 1 -	Firm/Company			
	1655 Palm Bea	Address Ste 900			
	West Palm Be	ach, FL 33401		₹6 :	2
	midhaoldlamn	City/State and Zip Code		- F-133 E	
	E-mail address:	erttaxlaw.com (to be used for fitture annual report notific	ation)	(新華) -	Z Л [
For further information cond	cerning this matter, please	call:		Fig.	
Michael A. I		at (561) 68949407		202	7 ~
Name of Pe	erson	Area Code & Daytime '	Telephone Number		ภ ภา
inclosed is a check for the f	ollowing amount:				
X \$25.00 Filling Fec]\$30.00 Filing Fee & Certificate of Status	[]\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	osed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 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

JUPITER						
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now at da Limited Liability Compa	pears on our re	cords.)			
The Articles of Organization for this Limited Liabilit	y Company were filed on	September	21, 201	0 and as	ssigned	
Florida document number <u>L10000098813</u>	·					
This amendment is submitted to amend the following	:					
A. If amending name, enter the new name of the li	imited liability company	<u>here</u> :				
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Cor	npany," the desi	ignation "LL	C" or the a	abbreviatio	
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADI	ORESS)		·			
•				7		
Enter new mailing address, if applicable:			r D			
(Mailing address MAY BE A POST OFFICE BOX)					4: MR 1911 (84	
•			ρη 17 1.	5 3 3 3		
B. If amending the registered agent and/or regis	stered office address on	our records,	enter the			
registered agent and/or the new registered office ad-				ज्ञ ज		
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	, Florida		Zip Code			
	cuy		4	up cour		

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

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 MGR Ghada Dergham 344 Legare Court x Add Jupiter, FL 33458 Remove ☐ Add Remove _ [Add Remove Rumbve D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated_ Typed or printed name of signee

Page 2 of 2

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