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TALLAHASSEE, FLORING

D. BRUCE

MAR 3 2011

EXAMINER

COVER LETTER

Division of	Corporations		
SUBJECT:	JD Ve	nture Group	
		ed Liability Company	
The enclosed Article	es of Amendment and fee(s) are subi	mitted for filing.	
Please return all corr	respondence concerning this matter t	to the following:	
		Wesley De Souza	
		Name of Person	
		JD Venture Group	
		Firm/Company	
	900 N	Federal Hwy Suite 200	
		Address	
	Во	ca Raton, FL. 33432	II A
		City/State and Zip Code	MAR -2 MI
	E-mail address: (to	be used for future annual report notification	
For further informati	ion concerning this matter, please ca	И:	SAL ST
-		at ()	A
Na	me of Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check f	for the following amount:		
▼ \$25.00 Filing Fee	e \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	AILING ADDRESS: gistration Section	STREET/COURIER A	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	J	D Venture Group		
(<u>Na</u>	ame of the <u>Limited Liab</u> (A Flori	ility Company as it now appear da Limited Liability Company)	<u>rs on our records.</u>)	
The Articles of Organization	for this Limited Liabilit	ty Company were filed on	02/08/2011	and assigned
Florida document number	L11000016147	·		
This amendment is submitted	to amend the following	g:		
A. If amending name, enter	the new name of the	limited liability company her	<u>'e</u> :	
The new name must be distingu "L.L.C."	ishable and end with the	words "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices	address, if applicable:			
(Principal office address MU	<u>ST BE A STREET AL</u>	ODRESS)		<u>Z</u>
				<u> </u>
			,	語るか
Enter new mailing address,	if applicable:		, c	AP N
(Mailing address MAY BE A	POST OFFICE BOX)	į,	2 >
			7.0	S
			Ric	5 6 1
B. If amending the regist	ered agent and/or re	gistered office address on o	our records, enter t	∵ © he name of the new
registered agent and/or the	new registered office a	ddress here:		
Name of New Regis	tered Agent:			
New Registered Off	ice Address:			
		Enter Florida street address , Florida		ress
		City	,	Zip Code
New Registered Agent's Signa	ture, if changing Regist	ered 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 = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGM_	Jay Fung	900 N Federal Hwy Suite 200, Boca Raton, FL	Add Remove
			Add Remove
-			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessar	y.)
_			FILEL 11 MAR-2 ME SECRETARY OF ST
 Dated	March 1st	2011 .	FLORIDA
		er or authorized representative of a member	<u>. </u>

Page 2 of 2

Filing Fee: \$25.00