TO:18506176383

FROM: 7862171243

Page:

1

Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JP GLOBAL BUSINESS

Account Number : I20130000083 Phone : (305)436-0093 Fax Number : (305)436-0094

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

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Tallahassee, FL 32314

TO:18506176383 FROM:7862171243

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2

COVER LETTER

TO: Registration Se Division of Cor			
	NVESTMENT HOLDINGS LL	С	
SUBJECT:	Name of Limi	ted Liability Company	(((E000511000114)))
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	JOSE PEREZ		
		Name of Person	
	JP GLOBAL BUSINESS S	OLUTIONS INC	
		Firm/Company	
	1395 BRICKELL AVE. S	UITE 1380	
		Address	****
	MIAMI FL 33131		
		City/State and Zip Code	
	MASTER@JPGBUSINESS	.COM to be used for future annual report no	rification)
For further information of	oncerning this matter, please ca		
JEANNETTE ALMEID	A	305 3593700	
Name (n' Person	at (me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (withtional copy is enclosed)	Cortificate of Status & Certificate Copy (additional copy is enclosed)
Regisi Divisi	LING ADDRESS: ration Section on of Corporations lox 6327	STREET/COUI Registration Sect Division of Corp Clifton Building	orations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(((41700011260:63)))

04/25/2017

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (((417001126063))) OF

(Name of the Limited Liability (A Floris	lity Company as it now appears on our record la Limited Liability Company)	5.)
The Articles of Organization for this Limited Liability (Florida document number L11000073452		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lis	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, If applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	5.7 2.4
		•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		. 2
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our record	s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	xs
	, F)	orida
	City	lorida 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

Page 1 of 3

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Page:

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

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MGR = Manager AMBR = Authorized Member

04/25/2017

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	GLADYS Y. CARVALLO	1541 BRICKELL AVE 1806	■ Add
		MIAMI FL 33129 ^{1.7}	□ Remove
			□ Change
	The state of the s		□ Add
			□ Remove
			□ Change
		☐ Remove _	
			□ Change
	,f.	□ Add	
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		□ Remove	
			□ Change

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. If amending any other informat	ion, enter change(s) here: (Attac	• •	() 11 26063
			
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		· Y·	- 0
Effective date, if other than the (If an affective date is listed, the date must Note: If the date inserted in this bli document's effective date on the De	ock does not meet the applicable statu	(optional) filing or more than 90 days after filing.) Fitory filing requirements, this date w	Pursuant to 605.0207 (3)(b) ill not be listed as the
the record specifies a delayed) The 90th day after the rec	effective date, but not an efford is filed.	ective time, at 12:01 a.m. o	n the earlier of:
Dated APRIL 24TH	2017		
X Goland	Signature of a member or authorized repu	esentative of a member	
2		•	

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Filing Fee: \$25.00

(((E000136063)))