

212000041890

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : DIVERSIFIED BUSINESS PRODUCTS & SERVICES, INC.
Account Number : T20130000067
Phone : (954) 990-0606
Fax Number : (888) 400-5537

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

Email Address: _____

RECEIVED

13 AUG 29 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
I & J DEVELOPMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 AUG 29 AM 8:44

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H130001931733

I & J Development LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/27/2012 and assigned
Florida document number L12000041890

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13 AUG 29 AM 8:44
ALLAHASSET FLORIDA
SECRETARY OF STATE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 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

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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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Javier Estepa	14795 SW 24 St.	Add
		Davie, FL 33325	Remove
VP	Javier Estepa	14795 SW 24 St.	Add
		Davie, FL 33325	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

13 AUG 29 AM 8:44
SECURITY OF STATE
TALLAHASSEE, FLORIDA

Remove
Add
Remove

H130001931733

H/30001931733

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 8/29 2013



ELIZABETH VELAZQUEZ

President/mgr.

H/30001931733

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