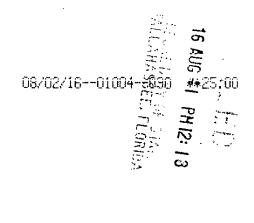
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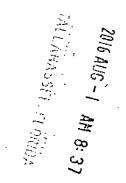
(Re	equestor's Name)	
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Y SULKER

COVER LETTER

TO:	Registration Sec Division of Corp			
	1 Om	JULIBER F	PROPERTIES LLC	
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
			TIM MULLER	
			Name of Person	
		T:		
			9 OXFORD STREET	
			Address	
		SOUTH YA	ARRA VICTORIA 3141 AUSTRAI	LIA
			·	
		D	•	Continu
rc.			-	ication)
ror tu	riner information co	oncerning this matter, please ca	aii;	
	TIM MU	JLLER		96618267
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$2	25.00 Filing Fee	□ \$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)

MAILING ADDRESS:

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

JI	ULIBER PERPERTIES LLC			
(<u>Name of the Limited Lis</u> (A Flo	ability Company as it now appears orida Limited Liability Company)	on our records.)		_
The Articles of Organization for this Limited Liability Florida document number		3 34437 2013	and	assigned
This amendment is submitted to amend the following	 g:			
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :		
JULIBER PROPERTIES LLC				
The new name must be distinguishable and contain the words	'Limited Liability Company," the de	esignation "LLC" or the al	obreviation	"L.L.C."
Enter new principal offices address, if applicable:	·			
(Principal office address MUST BE A STREET AL	ODRESS)			
				<u></u>
Enter new mailing address, if applicable:				16
(Mailing address MAY BE A POST OFFICE BOX	0			4
			1531	-
			<u>चित्र</u> ्	
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on address here:	our records, enter	The nar	ne of the ne
		:		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flore	ida street address		
		, Florida		
-	City	, 	Zip Co	ode

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>	Name	Address	Type of Action
AMBR	TIMOTHY MULLER	19 LITTLE JOHN ROAD WARRANWOOD VIC 3134 AUSTRALIA	Add
			Remove
			Change
			□ Add
			□ Remove
			□ Change
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If an effective date is lis Note: If the date ins	ther than the date of filing sted, the date must be specific as serted in this block does not be date on the Department of	nd cannot be prior to meet the applicable	date of filing or more tha e statutory filing requ	(optional) n 90 days after filing.) Pursi irements, this date will n	uant to 605,020' not be listed as
	es a delayed effective after the record is filed		an effective time,	at 12:01 a.m. on ti	he earlier o
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Page 3 of 3

Filing Fee: \$25.00