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Certified Copies	Certificates	of Status
Special Instructions to F	-iling Officer:	





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COVER LETTER .

Division of Co				
JESA PRO SUBJECT:	OPERTIES USA LLC			
	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MARIA DE LA PAZ			
		Name of Person		
	Firm/Company			
	13131 CASABELLA DR			
	-	Address		
	WINDERMERE FL 3478	6		
	franerne2014@gmail.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notifi	cation)	
For further information of	concerning this matter, please c	all:		
MARIA DE LA PAZ		786 585-1601		7
Name (if Person		Telephone Number	[2]
Enclosed is a check for t	he following amount:			11 (2) (2) (3) (4)
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JESA PROPERTIES USA LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/30/2013	and assigned
Torida document number L13000078397		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
		-2
		,
3. If amending the registered agent and/or registered office a	ddress on our records, <u>enter the na</u>	me of the new registe
gent and/or the new registered office address here:		27
		· -5
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		2
	Enter Florida street address	171
	, Florida	
	City	Zin 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MARIA DE LA PAZ	13131 CASABELLE DR	
		WINDERMERE FL 34786	□Remove
			□Change
MGR	ROSA KAREN PARSLOW	13131 CASABELLA DR	■Add
		WINDERMERE FL 34786	□Remove
			□Change
	<u> </u>	-	□Add
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cament to erroct	ve date on the B	.parament or 5	aic s records.				1 7	7 ::
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	 	Signature of a n	nember of author	/ rize d representati	ve of a member			

Filing Fee: \$25.00