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COVER LETTER

TO:	Registration Se Division of Cor		*	
	·•	SUAREZ-JAKOI	BSEN INVESTMENTS LLC	
SUBJ	ECT:	**************************************		· · · · · · · · · · · · · · · · · · ·
		Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
			JUAN CARLOS SUAREZ	
			Name of Person	
		SUARE	Z-JAKOBSEN INVESTMENTS LI	LC
			Firm/Company	
			2874 OAKWATER DRIVE	
			Address	
			KISSIMMEE, FL 34747	
		****	City/State and Zip Code	· · · · · · ·
			jcsuarezsosa@gmail.com	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
JUAN CARLOS SUAREZ		RLOS SUAREZ	at ()	903-9549
	Name o	f Person	Area Code Daytime	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

TO ARTICLES OF ORGANIZATION OF

SUAREZ-JAKOBSEN INVESTMENTS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 06/06/2013 The Articles of Organization for this Limited Liability Company were filed on _ and assigned L13000082430 Florida document number 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2874 OAKWATER DRIVE Enter new principal offices address, if applicable: KISSIMME, FL 34747 (Principal office address MUST BE A STREET ADDRESS) 2874 OAKWATER DRIVE Enter new mailing address, if applicable: KISSIMME, FL 34747 (Mailing address MAY BE A POST OFFICE BOX) 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: 2874 OAKWATER DRIVE New Registered Office Address: Enter Florida street address

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.

KISSIMME City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	NEUZA HENDERSON	8605 WELLINGTON LOOP	
		KISSIMME, FL 34747	■ Remove
	·		☐ Change
			
			☐ Remove
			Change
		- Part Walter	
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			
			□ Remove
			Change
	·		Add
			Remove
			☐ Change

	PLEASE CHANGE THE ADDRESS F	OR MGRS: AUTHORIZED PER	SONS	
	DETAIL: JUAN CARLOS SUAREZ A	ND GABRIELA JAKOBSEN		
	NEW ADDRESS: 2874 OAKWATER I	DRIVE KISSIMMEE, FL 34747		
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E. Effe	ctive date, if other than the date of fi	iling:	(optional) more than 90 days after filing.) Pursuant to 605.0	ነ207 (3ነ⁄ሴ)
Not	•	ot meet the applicable statutory fil	ling requirements, this date will not be listed	
	record specifies a delayed effectivne 90th day after the record is file		e time, at 12:01 a.m. on the earlie	r of:
Deta	AUGUST, 19	2015	0	
Date	ed	-,		
	Signature o	of a member or authorized representati	ve of a member	
		HAN CARLOS SUAREZ		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00