L14000047830

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APR -9 2014 J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: JDI 2	, LLC		
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ndence concerning this matter	to the following:	
	Ashley Mari	e Perez	
		Name of Person	
	JDI 2, LLC		
	-	Firm/Company	
	1235 NE 20	0th Street	
	Miomi El 2	Address	
	Miami, FL 3	City/State and Zip Code	.
	aperez.mcps@gr	·	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
lan T. Vern	on	_{at} 609, 828-25	579
Name o	ſ Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$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:

TO:

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

JDI 2, LLC			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on la Limited Liability Company)	our records.) 3 22 14	
The Articles of Organization for this Limited Liability (Company were filed on Marc	h 24, 2014	and assigned
Florida document number <u>L14000047830</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
GuestAve.com, LLC			
The new name must be distinguishable and end with the words "L	imited Liability Company," the desig	gnation "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			14 S
(Principal office address MUST BE A STREET ADD	RESS)		AP
	•		6 0350 0350 0350 0350 0350 0350 0350 035
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
			<u>ω</u> ‡
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, <u>enter the</u>	name of the new
Name of New Registered Agent:		<u></u>	
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida	
	City		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

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Address **Type of Action** <u>Title</u> Name □ Add __ 🗆 Remove ____ □ Remove ____ Add __ Add P2: □ Remose ___
Remove _ Add ☐ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

he effective date must be specific, cannot be prior to da	ate of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Departmen	ate of receipt or filed date and cannot be more than 90 days after
he effective date must be specific, cannot be prior to da he date this document is filed by the Florida Department Dated March 26	ate of receipt or filed date and cannot be more than 90 days after nt of State)

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Filing Fee: \$25.00

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