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COVER LETTER

TO: Registration Section . , Division of Corporations
SUBJECT: J+P Industries LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Johnny Jean - Pieffe Name of Person
Name of Person
J+ 9 Industrias LLC
Firm/Company
930 NW 140+h S+
Address
Miami/FL 33/68 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tohnny Teon - PREEL at (786) 340 - 9299 Name of Person Area Code Daytime Telephone Number
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scertificate of Status Scertified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

3 + P Indus		
(Name of the Limited Liability (A Florida I	Company as it now appears on our re- limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L14000087914</u>	empany were filed on	2 2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Jean - Pieffe Properties	LLC	
The new name must be distinguishable and end with the words "Lim	ited 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 ADDRI	ESS)	· ·
		A
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		Files to manage
		ES E Proper
		TEST TO SEE
 If amending the registered agent and/or registered agent and/or the new registered office address 		ords, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
-		, 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Pierre Fade	14903 NW 7th Avc	
		Miami, FL 33169 US	Remove
			□ Add
			□ Remove
			☐ Add
			Add (***)
		·	☐ Remove
			☐ Remove

fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date and cate this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
d July 10th, 2014.	
Signature of a member or authorized represen	

Page 3 of 3

Filing Fee: \$25.00