# L14000133266

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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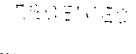
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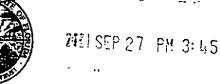
## **COVER LETTER**

| Jade 2505,  <br>SUBJECT: <u>n</u> | rrc.   |   | N.  |
|-----------------------------------|--|---|---|
| 3003ECT. 4                        | Name of Limi                                 | ited Liability Company  |   |
| The enclosed Articles of          | Amendment and fee(s) are sub-                | mitted for filing.  |   |
| Please return all correspo        | ndence concerning this matter                | to the following:   |   |
|                                   | Jacobo Waisburd Kleiman                      |   |   |
|                                   |  | Name of Person  |   |
|                                   |  | Firm/Company  |   |
|                                   | Paseo de los Laureles 268-                   | 53  |   |
|                                   |  | Address   |   |
|                                   | Dosques de las Lomas, Me                     |   |   |
|                                   | jwaisburd@walworth.com.a                     |   |   |
|                                   |  | to be used for future annual report notif                           | ication)  |
| For further information c         | oncerning this matter, please ca             |   |   |
| Jordan Vitek                      |  | 605 799-1599<br>at ( )  |   |
| Name o                            | f Person                                     | Area Code Daytime   | e Telephone Number  |
| Enclosed is a check for the       | he 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:
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





## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 9, 2021

JACOBO WAISBURD KLEIMAN PASEO DE LOS LAURELES 268-53 DOSQUES DE LAS LOMAS MEXICO, 05120

SUBJECT: JADE 2405 LLC Ref. Number: L14000133263

We have received your document for JADE 2405 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Are you trying to file an amendment for Jade 2505? If so, please amend your yes and document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 821A00018821

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jade 2505, LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned 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: N/A The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (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: N/A Name of New Registered Agent: 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.

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>            | Address   | Type of Action |
|--------------|------------------------|---|----------------|
| MGR          | Jaobo Waisburd Kleiman | Paseo de los Laureles 268-53                    | <b>=</b> Add   |
|              |                        | Dosques de las Lomas, Mexio, D.F., 05120 Mexico | □Remove        |
|              |                        |   |                |
| MGR          | Titan Management, LLC  | 200, N. Phillips Ave. Suite 301                 | □Add           |
|              |                        | Sioux Falls, SD 57104                           | =Remove        |
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| fective dat  | e, if other than t<br>ate is listed, the date r<br>late inserted in this<br>fective date on the | must be specific and block does not in | l cannot be prior to<br>neet the applicab | date of filing or n | ore than 90 days after | ional)<br>er filing.) Pursuant to<br>is date will not be | o 605.020°<br>e listed as |
| en effective da<br>ote: If the d   |   |  |   |                     |                        |  |                           |
| an effective da<br>ote: If the document's ef   | fies a delayed effec  | tive date, but not                     | an offective tim                          | e, at 12:01 a.m.    | on the earlier of: (   | b) The 90th day  | after the                 |
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| en effective da<br>ote: If the document's effective special<br>record special<br>is filed. |   |  |   | ·                   |                        | b) The 90th day  | after the                 |

Marie P. . . . . . . . . . . . .