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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | | | | | |
|--|--|---|--|--|--|--|--|
| Jade 3105, SUBJECT: | LLC | , | | | | | |
| SUBJECT. | Name of Limi | ited Liability Company | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | | | | |
| Please return all correspo | ondence 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, Mexio, D.F., 05120 Mexico | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | City/State and Zip Code | | | | | | |
| | jwaisburd@walworth.com.r | nx to be used for future annual report notif | ication) | | | | |
| For further information c | concerning this matter, please of | | | | | | |
| Jordan Vitek | | 605 799-1599 | | | | | |
| Name o | f Person | Area Code Daytime | Telephone Number | | | | |
| Enclosed is a check for t | he following amount: | | | | | | |
| ■ \$25.00 Filling 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



2034 SEP 27 FH 3: 45

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 9, 2021

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

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 3105? - 25 an ended filing behind

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: 121A00018823

COVER LETTER

TO:

Tallahassee, FL 32314

| TO: Registration So Division of Co | | | | | | | |
|---|--|---|--|--|--|--|--|
| Jade 3105, | LLC | | | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | | | |
| The enclosed Articles of | Amendment and fec(s) are sub- | mitted for filing. | | | | | |
| Please return all correspondent | ondence concerning this matter | to the following: | | | | | |
| | Jacobo Waisburd Kleiman | | | | | | |
| | <u></u> | Name of Person | | | | | |
| | | Firm/Company | | | | | |
| | Pasco de los Laureles 268- | 53 | | | | | |
| | | Address | | | | | |
| | Dosques de las Lomas, Mexio, D.F., 05120 Mexico | | | | | | |
| | | City/State and Zip Code | | | | | |
| | jwaisburd@walworth.com.r | | | | | | |
| For further information | e-mail address: (concerning this matter, please of | to be used for future annual report noti all: | neuron) | | | | |
| Jordan Vitck | | 605 799-1599 | | | | | |
| Name | of Person | at () Area Code Daytim | e Telephone Number | | | | |
| Enclosed is a check for t | the 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 Addre | | Street Address: | | | | | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | | | |

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jade 3105, 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: 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the fitle, 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 | Jaoho Waishurd Kleiman | Pasco de los Laureles 268-53 | ⊟ ∧dd |
| | | Dosques de las Lomas, Mexio, D.F., 05120 Mexico | □Remove |
| | | | □Change |
| MGR | Titan Management, LLC | 200. N. Phillips Ave. Suite 301 | 🗀 Add |
| | | Sioux Falls, SD 57104 | ⊒ Remove |
| | | | □Change |
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_____ Change

| Frective date, if other than the date of filing: N/A | amending | g any other | information, | enter cna | inge(s) nere | :: (Анасп | aaautonat | sneets, if nec | essary.) | |
|--|--------------------------|----------------|-------------------|-------------|--|------------------------------|-----------------|--------------------------------------|---|---------------------------|
| feetive date, if other than the date of filing: N/A | | | | | | | | | | |
| fective date, if other than the date of filing: N/A | | | | | | | | | | |
| rective date, if other than the date of filing: (optional) (optional) | | - | | | | | | | | <u>—</u> - |
| Fective date, if other than the date of filing: N/A | | | | | · | | | | | <u> </u> |
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| fective date, if other than the date of filing: N/A | | | | | | | | | | |
| tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. ted July 16th, 2021 | | • | | | | | | | | |
| tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the is filed. ted July 16th, 2021 | - | | | | | | | | | |
| ted July 16th, 2021 | ote: If the c | late inserted | in this block do | es not mee | et the applica | o date of fil ble statuto | ing or more the | option 90 days after uirements, this | onal) filing.) Pursuant t date will not b | o 605.0207 e listed as |
| | ecord speci is filed. | fies a delayed | d effective date, | but not an | effective tin | ne, at 12:0 | l a.m. on th | e earlier of: (b |) The 90th day | after the |
| Signature of a member or authorized representative of a member | ted | 5th, | / | · | 2021 | <u>.</u> . | | | | |
| Signature of a member or authorized representative of a member | | A | / | | | | | | | |
| | 4 | 7 1 | Signat | ure of a me | mber or author | rized repres | entative of a | nember | <u> </u> | |
| Jordan Vitek - Authorized signer of Member | Joi | dan Vitek | Authorized sigr | ner of Men | nber | | | | | |