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(Re	equestor's Name)	-
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
, (Br	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Jade 3005, LL	C	
	Name of Lim	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:	
		•	
	Spend	cer W. Decring Name of Person	
		_	
	Matheys La	ne Capital Manager	ment LP
		, in a company	
	One West E	Frehange Street, 4	th Plour
; 1			
4,	Providence	City/State and Zip Code	
	investme E-mail address: (1	onts @ matheys land to be used for future annual report notified	eation)
For further information of	concerning this matter, please ca		
Linnea.	S /ASON	at (<u>401</u>) <u>262</u> -	Telephone Number
Name	it reison	Area Code Baytime	receptione 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Jade 3005, LLC	111-120	•		
(Name of the Limite	(A Florida Limited Li	y as it now appears on our ability Company)	records.)	
The Articles of Organization for this Limited Li		were filed on		and assigned
Florida document number	·			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabilit	y Company," the designation	"LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble:			23
(Principal office address MUST BE A STREET	(ADDRESS)		25	
			AS	CD
			7 - SE-C	29
Enter new mailing address, if applicable:			. Fi	U U
(Mailing address MAY BE A POST OFFICE B	(OX)		TAT ORI	₩)
			DE A	Ē
B. If amending the registered agent and/o registered agent and/or the new registered offi			cords, <u>enter</u>	the name of the nev
	9603 Couth	District		
New Registered Office Address: 8603 South		Dixie Highway, S Enter Florida street a		·
	Miami		, Florida	33143
		City		Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change.	and complete pe ered agent as pro gistered office f	erformance of my dutie ovided for in Chapter 6	s, and I am fo 05, F.S. Or, i n that the lim	nmiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			□ Remove
•			Add
		Change	
		,	□ Remove
			☐ Change
			Add
		□ Remove	
			Am mochanic
			HASSEF FLORA
			STA Remove
			□ Change

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	1979 - 1970 - 19	
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E. Effe	etive date, if other than the date of filing:(ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days.	optional)
Note	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. If the date inserted in this block does not meet the applicable statutory filing requirements ment's effective date on the Department of State's records.	s after filing.) Pursuant to 605.0207 (3' s, this date will not be listed as the
	ecord specifies a delayed effective date, but not an effective time, at 12: e 90th day after the record is filed.	01 a.m. on the earlier of:
Date	2/26 16	
	Hearly Cross	
	Signature of a member or authorized representative of a member	
	Heather Crosby Typed or printed name of signee	ART TER
	Typed of printed sampe of signee	29 29 888
	D 0.00	
	Page 3 of 3	100 Zi Zi

Filing Fee: \$25.00