

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES

Account Number : 120120000052 : (305)591-9180 Fax Number

: (305)591-9167

**Enter the email address for this business entity to be used Engl annual report mailings. Enter only one email address pleased

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JP2 ENTERPRISES, LLC

Certificate of Status Certified Copy Page Count 04 \$25.00 Estimated Charge

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JP2 ENTERPRISES, LLC			
(Name of the Limited Liability C (A Florida Lii	ampany as it now appears on our nited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on 04/06/2015	·	and assigned
Florida document number £15000060413			
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	n "LLC" or the ubbs	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u> </u>		
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Enter new mailing address, if applicable:		[7] [8]	N Promi
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 If amending the registered agent and/or registered registered agent and/or the new registered office address 	ed office address on our restance:	ecords, <u>Páter (</u>	ig name of the
Name of New Registered Agent:		4 (************************************	# 4 4 # 1748 - (WIN INCHINING HARISTING)
New Registered Office Address:			
	Enter Florida struet	uddress	Albert Landson Company State Company of the Company
ر الله الله الله الله الله الله الله الل		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 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

Title	Name	<u>Address</u>	Type of Action
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