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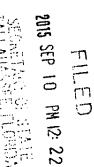
(Re	equestor's Name)	
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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	JDA Assem	by Services, LL ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Cruz	Name of Person	<u></u>
	JDA AS	sembly Services	<u> </u>
	602	Zoth Ave W	
	Braden	ton, FC 34705 City/State and Zip Code	
	Cruz Valerio E-mail address: (i	1031 @ gmoi) com to be used for future annual report notif	fication)
For further information	concerning this matter, please ca	all:	
Name o	of Person	at () Area Code Daytime	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 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

FILED

JEUNE FAND OF STATE

ARTICLES OF ORGANIZATION 2015 SEP 10 PH 12: 22 OF

JDA Ass	embly Ser	rvices Ll	ur records)	E. FLORIDA
(Name of the Limited Li (A Fl	ability Company as orida Limited Liabili	it now appears on or ty Company)	ur records.)	
The Articles of Organization for this Limited Liabili	ty Company were	: filed on _ 0 ? /	06/2015	and assigned
This amendment is submitted to amend the following	g:			
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 Co	ompany," the designat	tion "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable	:			
<u>(Principal office address MUST BE A STREET AI</u>	DDRESS)			
	_			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
B. If amending the registered agent and/or r registered agent and/or the new registered office		address on our	records, enter t	he name of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida str	eet address	
		City	, Florida	Zip Code
	'	City		Lip 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 or removed	Authorized Person(s) authorized to the from our records:	manage, enter the title, name, and address of e	ach person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Cruz Valerio	Bradenton, FL 34205	D (Add
		Bradenton, FL 34205	□ Remove
			Change
			
			□ Remove
			Change
		 	Add
			□ Remove
			☐ Change
		-	Add
			□ Remove
			Change
		- 	Add
			Remove
			Change
			Add
			☐ Remove
			Change

$\overline{\underline{\rho}}$	lease all FEI EIN Number 47-4838454	
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		10 PM 12: 22
(If an effective Note: 1	the date, if other than the date of filing:	0207 (3)(b)
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:
Dated _	Sap fumber 8, Zo15. Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	LUISO V. COLE Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00