03-18-16;14:07 ;From:Rosenthal Law Group

Florida Department of State

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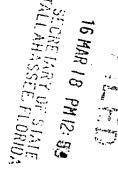
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COVER LETTER

TO:	Registration Se Division of Cor	ction porations					
SIIRI	REMODEU	DIRECT LLC	,				
4020		Name of Limi	ited Liability Company	····			
		Amendment and fee(s) are submindence concerning this matter					
		Alex P Rosenthal, Esq.					
			Name of Person				
		Rosenthal Law Group					
		Firm/Company					
		2115 N Commerce Parkwa	y				
		Address					
		Westen, FL 33326					
		City/State and Zip Code					
		E-mail address: (to be used for future annual report noti	fication)			
For fi	nther information c	oncerning this matter, please ca	all:				
Alex	P Rosenthal, Esq.		954 384-9200 at ()				
	Name o	f Person	Area Code Daytim	- Telephone Number			
Encio	sed is a check for t	he following amount					
₽ S	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & . Certified Copy (additional copy is enclosed)	Ci \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is coclosed)			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tullahassee, FL 32301 REMODELDIRECT LLC

To:18506176383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Cubility (X Florida L	Company 25 if now appears on our records. imited Liability Company)	3
The Articles of Organization for this Limited Liability Cor Florida document number L16000015097	mpany were filed on 1/21/2016	and assigned
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limite	d liability company here:	
JS2 Group LLC		
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u></u>	5
		<u> </u>
		全部
Enter new mailing address, if applicable:		AS =
(Mailing address MAY BE A POST OFFICE BOX)		N 1
maning numers may be a 1031 of the boar		- F F F
•		
B. If amending the registered agent and/or registe	red office address on our records	20 20 000
registered agent and/or the new registered office addre		3> ^(m)
Name of New Registered Agent:		1700 PM
New Registered Office Address:	Enter Florida street address	
	·	
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	 -,	= 4 -

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

Page 1 of 3

If amending	Authorized Person(s) authorized to m	anage, enter the title, name,	and address of each person being added
	from our recor <u>ds</u> :		
MGR = M $AMBR = A$	anager utborized Member		•
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D. If amending	; any other information, enter change(s) l	nere: (Attach additional sheets		
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(If an effective Note: If the document's of the record :	ste, if other than the date of filing: date is listed, the date must be specific and earned be a date inserted in this block does not meet the ap effective date on the Department of State's reco specifies a delayed effective date, but a day after the record is filed.	plicable statutory filing requirements.	ents, this date will not be list	ed as the
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-	Signature of a monther or	authorized representative of a member	<u> </u>	
	TOSEPH Som	mart handle	us member	
_	Typed or	printed name of signee	<u> </u>	
	P	Page 3 of 3		

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