| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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R WHITE FEB 1 9 2013

## **COVER LETTER**

| CUB IFCT.                        | JRP Global Enterprises                       | s LLC   |  |
|----------------------------------|--|---|--|
| SUBJECT:                         | Name of Lin                                  | nited Liability Company   |  |
| " The enclosed Articles of       | Amendment and fee(s) are sub                 | amitted for filing  |  |
|                                  |  | <u>-</u>  |  |
| Please return all correspondence | ondence concerning this matter               | to the following:   |  |
|                                  | John R Parrott                               |   |  |
|                                  |  | Name of Person  |  |
|                                  | JRP Global Enterprises LL                    | С   |  |
|                                  |  | Firm/Company  | <del> </del>   |
|                                  | 1950 Lee Road<br>Suite 201                   |   |  |
|                                  |  | Address   | <del></del>  |
|                                  | Winter Park, FL 32789                        |   |  |
|                                  | john@jrpglobalenterprises.c                  | City/State and Zip Code   |  |
|                                  |  | to be used for future annual report notifi                          | cation)  |
| For further information of       | concerning this matter, please c             | all:  |  |
| John R Parrott                   |  | 407 960-4703  |  |
| Name o                           | of Person                                    | at ()<br>Area Code Daytime  | Telephone Number   |
|                                  |  |   |  |
| Enclosed is a check for t        | 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) |
| MAIL                             | JNG ADDRESS:                                 | STREET/COURIE   | CR ADDRESS:  |

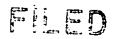
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JRP Global Enterprises LLC

company has been notified in writing of this change.

2019 FEB 14 PM 2: 23

| (Name of the Limited Liability Comp<br>(A Florida Limited   | any as it now appears o<br>Liability Company) | nour records.) RF 14 STATE                    |
|---|---|---|
| The Articles of Organization for this Limited Liability Compan Florida document number L16000049069                           |   |   |
| This amendment is submitted to amend the following:   |   |   |
| A. If amending name, enter the new name of the limited lia  | bility company here                           | :   |
| The new name must be distinguishable and contain the words "Limited Liab  | oility Company," the desi                     | gnation "LLC" or the abbreviation "L.L.C."    |
| Enter new principal offices address, if applicable:   |   | , <u>, , , , , , , , , , , , , , , , , , </u> |
| (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 or registered agent and/or the new registered office address he         |   | ur records, <u>enter the name of the n</u>    |
| Name of New Registered Agent:   |   |   |
| New Registered Office Address:  |   |   |
|   | Enter Florida                                 | street address                                |
|   |   | Florida<br>Zip Code                           |
|   |   | Zip Coxle                                     |
| New Registered Agent's Signature, if changing Registered Agent  | _   |   |
| I hereby accept the appointment as registered agent and ag-<br>provisions of all statutes relative to the proper and complete | •   | , ,   |

If Changing Registered Agent, Signature of New Registered Agent

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                           | Address     | Type of Action |
|--------------|---------------------------------------|-------------|----------------|
|              |                                       |             |                |
|              |                                       | <del></del> | □ Remove       |
|              |                                       | <del></del> | Change         |
|              |                                       |             | □ Add          |
|              | · · · · · · · · · · · · · · · · · · · | □ Remove    |                |
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|              |                                       | <del></del> | Remove         |
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|              |                                       |             | ☐ Change       |
|              |                                       |             |                |
|              |                                       |             | ☐ Remove       |
|              |                                       |             | ☐ Change       |

| Recently, JRP added a dba, To                             | ranscends Health & Beauty Co., which will be our wholesale and retail   |
|---|---|
| portion of our business selling                           | health & beauty products thru distributors as well as direct to   |
| companies and consumers.                                  |   |
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|   | be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ock does not meet the applicable statutory filing requirements, this date will not be listed |
| record specifies a delayed<br>The 90th day after the reco | effective date, but not an effective time, at 12:01 a.m. on the earlier ord is filed.   |
| February 11<br>ted  | 2019  |
|   |   |
|   | Signature of a member or authorized representative of a member  |

Page 3 of 3

Filing Fee: \$25.00