

8/5/2016

From Account Bookkeeping 1.321.888.4914 Fri Aug 5 14:51:03 2016 MDT Page 1 of 4

Division of Corporations

Florida Department of
Division of Corporations
Electronic Filing
L160001919433ABC1

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000191943 3)))



H160001919433ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : 120120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JRND LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2016 AUG -5 PM 4:53

TALLAHASSEE, FLORIDA

FILED
16 AUG -5 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

08/05/16

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JRND LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/11/2016 and assigned
Florida document number L16000050511.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6665 QUEENS BORROUGH

Apt. 107 BLDG 57

Orlando, FL 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6665 QUEENS BORROUGH

Apt. 107 BLDG 57

Orlando, FL 32835

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MACHADO ALVES, JACQUES

New Registered Office Address:

6665 QUEENS BORROUGH Apt. 107 BLDG 57

Enter Florida street address

ORLANDO

City

Florida 32835

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

H16000171743 7

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AYERDI DE SOUZA, DANIELA	3285 AMBERLEY PARK CIR	<input type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DA COSTA, REBEKA PINTO	3285 AMBERLEY PARK CIR	<input type="checkbox"/> Add
		KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 16 AUG 5 AM 9:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

H16000191943 3

16 AUG -5 AM 9 4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 AUG -5 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated JULY, 22 2016

Signature of a member or authorized representative of a member

JACQUES MACHADO ALVES

Typed or printed name of signer