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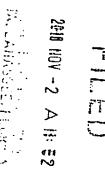
| (Requestor's Name)                      |
|---|
| (Address)                               |
| - (Address)                             |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)           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



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### **COVER LETTER**

| Division of Cor             | porations                        |   |   |
|-----------------------------|----------------------------------|---|---|
| SUBJECT:                    | JQ DO                            | oral Properties L   | LLC                                       |
|                             |                                  | ited Liability Company                                      |   |
|                             |                                  |   |   |
| The enclosed Articles of    | Amendment and fee(s) are sub     | mitted for filing.  |   |
| Please return all correspo  | ondence concerning this matter   | to the following:   |   |
|                             |                                  |   |   |
|                             | 1.                               | Name of Person  |   |
| •                           | <del></del>                      | Name of Person  | <del></del>                               |
|                             |                                  | JO GOUP LLC   |   |
|                             |                                  | Firm/Company  |   |
|                             | /3                               | RISTO RITIVELL RO. D  | rome Suite Sun                            |
|                             |                                  | BOD Brickell Bay D Address                                  |   |
|                             |                                  |   |   |
|                             | mia                              | City/State and Zip Code                                     |   |
|                             |                                  |   |   |
|                             | jmelo@                           | ) jqgrovp. com<br>To be used for future annual report notif |   |
|                             | ∀E-mail address: (               | To be dised for future annual report notif                  | ication)                                  |
| For further information c   | oncerning this matter, please co | all:  |   |
| Ale                         | iandra Acuña                     | at ( 786 ) 502 -  | -4944                                     |
| Name o                      | ť Person                         | Area Code Daytime   | e Telephone Number                        |
|                             |                                  |   |   |
| Enclosed is a check for the | he following amount:             |   |   |
| 1 \$25.00 Filing Fee        | \$30.00 Filing Fee &             |   | □ \$60.00 Filing Fee,                     |
|                             | Certificate of Status            | Certified Copy (additional copy is enclosed)                | Certificate of Status &<br>Certified Copy |
|                             |                                  | (additional copy is enclosed)                               | (additional copy is enclosed)             |
|                             |                                  |   |   |

#### MAILING ADDRESS:

TO:

**Registration Section** 

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

## **STREET/COURIER ADDRESS:** Registration Section

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

## ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATION

| ARTICLES OF ORGANIZATION FILE   |
|---|
| OF CARLON   |
| ARTICLES OF ORGANIZATION  OF  TO Dorod Properfies rules - 2  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on |
| (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   |
| Florida document number   |
| This amendment is submitted to amend the following:   |
| A. If amending name, enter the new name of the limited liability company here:  |
| $\cdot$   |
| 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)  |
| ·   |
|   |
| Enter new mailing address, if applicable:   |
| (Mailing address MAY BE A POST OFFICE BOX)  |
|   |
|   |
| B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u><br>registered agent and/or the new registered office address here:  |
|   |
| Name of New Registered Agent:   |
| New Registered Office Address:  |
| Enter Florida street address  |

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Pfrson(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>          | Type of Action       |
|--------------|---------------|-------------------------|----------------------|
| AMBR         | Luis Riqueres | 1300 Brickell Buy Drive | <b>⊠</b> Add         |
|              |               | Suite 500, Miami, FL3.  | <i>3131</i> □ Remove |
|              |               |                         | Change               |
|              |               |                         | Add                  |
|              |               |                         |                      |
|              |               |                         | Change               |
|              |               |                         | Add                  |
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|        |   |
| Effect | ive date, if other than the date of filing: 10/29/20/8 (optional)  fective 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 ( |
| Note:  | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t  |
| docun  | nent's effective date on the Department of State's records.   |
|        |   |
|        | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:<br>• 90th day after the record is filed.   |
|        |   |
| Dated  | 10/29 . ZOR . M   |
| Daicu  |   |
|        | //1/  |
|        | Signature of a member or authorized three-entative of a member    CSUS Quin term  |
|        | Legis Disates   |
|        | $A \in A \cup $   |

Page 3 of 3

Filing Fee: \$25.00