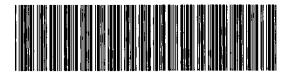
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COVER LETTER

TO:	Registration Sec Division of Corp			<i>:</i>		
CUDI	JPA ATLAS					
SUBJI	ECT:	Name of Lin	nited Liability Company			
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspor	dence concerning this matter	to the following:			
		DALGY V. SANJUAN				
			Name of Person			
		ONE NATIONWIDE SER	RVICES LLC			
			Firm/Company			
		12905 SW 42ND ST STE	111			
			Address			
		MIAMI, FL 33175				
		City/State and Zip Code				
		DALGY@ONENATIONW	/IDESERVICES.COM to be used for future annual report notifi	ontion)		
For fur	ther information co	ncerning this matter, please c	•	Cation		
DALG	Y V. SANJUAN		305 603-9415			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for the	e following amount:				
■ \$25	5.00 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 ARTICLES OF ORGANIZATION OF

JPA ATLAS LLC				
(Name of the Lim	ited Liability Co (A Florida Limi	mpany as it now appears on ou ited Liability Company)	records.)	
The Articles of Organization for this Limited I		oany were filed on $\frac{03/28/201}{1}$	7 and assigne	d
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited	liability company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STREI	ET ADDRESS	<u> </u>		<u> </u>
			. 7	
Enter new mailing address, if applicable:		N/A	- 1 July	م ده ۱۳ همه و ۱۳ هماور
(Mailing address MAY BE A POST OFFICE BOX)			. 1	· · · ·
	<u>-</u>		70 27	
				· · ·
B. If amending the registered agent and registered agent and/or the new registered o	or registered	d office address on our r here:	ecords, enter the name of t	he new
				
Name of New Registered Agent:	N/A	<u> </u>		
New Registered Office Address:	N/A			
		Enter Florida stree	address	
New Registered Office Address: N/A			, Florida	
	-	City	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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JUAN D. VEGA	11551 NW 50TH TERR	■ Add
		DORAL, FL 33178	☐ Remove
			Change
			Add
			Remove
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			Add
			☐ Remove
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			Remove
			دم بــــ □ Change
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	•	04/12/2017					
Effective date, if other than the fan effective date is listed, the date must	late of filing: be specific and o	:	date of filing or	more than 90 da	(optional) lys after filing.) P	ursuant to 605.02	207 (
Note: If the date inserted in this blo document's effective date on the De	ck does not me	eet the applicab					
		are 3 1000143.					
ne record specifies a delayed	effective da	ate, but not	an effective	e time, at 12	2:01 a.m. or	n the earlier	of:
The 90th day after the reco							
, APRIL 12TH		2017					
Dated	,			\bigcirc			
	<i>k</i>)		17	\ '			
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Filing Fee: \$25.00