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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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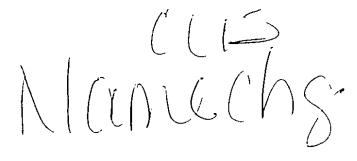
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2019 JAN -7 PM 4: 10
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JAN 1 5 2019

I ALBRITTON

COVER LETTER

TO: Registration Section

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Co	rporations				
SURTECT:	JCD	CAPITAL	PARTHERS L	رد	
SUBJECT: Name of Limited Liability Company					
The enclosed Articles o	f Amendment	and fee(s) are sub	mitted for liling.		
Please return all corresp	ondence conc	erning this matter	to the following:		
		Jasan R	arada		
		4	Name of Person	_	
		Rosal	Re Campan	LLC	,
		1/02 dar	Firm/Company)	<u> </u>
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			_		
		ORAL GA	WILES PL 7	3134	
		\	City/State and Zip Code	.	
		E-mail address: (to be used for future annual r	eport notificatio	<u>. </u>
For further information					
To farmer mornaucon	concerning ii	no matter, preade es	417.		
Jacon	Risad	16	at (646_)	10: -20	₹ <i>0</i>
Name	of Person		Area Code	Daytime Tele	phone Number
Unclosed is a check for	the fallowing	amount:			
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1 325.00 Fining Fee	Cert	ificate of Status	Certified Copy		Certificate of Status &
			(additional copy is ench	osed)	
31411	INC ADDR	FCC.	STREET	COURTER A	nnpecc.

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JCD CAPITAL PART	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records,) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on $3/30/17$ and assigned
Florida document number L1700007268.1	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
ROSADO & COMPANY	LLC
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	2011
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	是一
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
registered agent and/or the new registered white andress here	· 6
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address
	Phota.
	, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
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Note: If a	the date inserted	in this blo	ock does not	meet the applical	o date of filing or more the statutory filing req	(optional) an 90 days after filing.) Pursuant to 605.0 uirements, this date will not be listed	0207 l as (
	d specifies a Oth day after				an effective time	, at 12:01 a.m. on the earlier	r of
Dated	<u> </u>	424	4+4	. <u>20,9</u>			
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Filing Fee: \$25.00