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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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J. HARRIS

COVER*LETTER

| | Registration Se Division of Cor | | | |
|-------------|------------------------------------|---|---|--|
| SUD IFCT | | MITED LIABILITY COMPA | NY | |
| SUBJECT | Γ: | | nited Liability Company | |
| The enclos | sed Articles of A | Amendment and fee(s) are sub | omitted for filing. | |
| Please retu | ırn all correspo | ndence concerning this matter | to the following: | |
| | | JAMES M. PENSADO | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 7095 SW 152 CT | | |
| | | | Address | |
| | | MIAMI FL, 33193 | | |
| | | | City/State and Zip Code | · |
| | | JAMESPENSADO@GMA | | |
| | | E-mail address: (| to be used for future annual report notifi- | cation) |
| For further | information co | oncerning this matter, please ca | all: | |
| JAMES M | I. PENSADO | | 786 759-3090 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is | s a check for the | e 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) |

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**

JAPEX LIMITED LIABILITY COMPANY

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

| (A Florida Limite | ed Liability Company) | | |
|--|-------------------------------------|---------------------------|-----------------|
| The Articles of Organization for this Limited Liability Compare Florida document number <u>L17000076917</u> . | ny were filed on $\frac{04/05/2}{}$ | 017 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited lia | ability company here: | | |
| JAPEX LLC | | | |
| The new name must be distinguishable and contain the words "Limited Lia | ability Company," the designa | ation "LLC" or the abbrev | iation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | |
| | | | 7 A |
| Enter new mailing address, if applicable: | | | APR |
| (Mailing address MAY BE A POST OFFICE BOX) | | | <u>~ 552</u> |
| maning martes may be a rost of fice box) | | , | 3 20 |
| | <u></u> | | |
| B. If amending the registered agent and/or registered | ce 11 | 1 4 41 | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address hore. | | records, enter the | name of the n |
| registered agent and/or the new registered office address in | <u> </u> | | |
| N. C. | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida sti | reet address | |
| | | Florida | |
| | City | , Florida | Lip Code |
| New Registered Agent's Signature, if changing Registered Agen | ıt: | | |
| I have been seemed the seemed that the seemed the seeme | | 1. T.CT | , r +.r . |
| I hereby accept the appointment as registered agent and as | | | |

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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Page 3 of 3

Filing Fee: \$25.00