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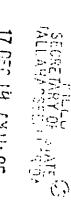
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COVER LETTER

TO: Ro	egistration Sec ivision of Corp	tion . orations	A CONTRACTOR OF THE PROPERTY O	
SUBJECT		JP INVESTMENTS LLC	*;	
SUBJECT	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retui	rn all correspon	dence concerning this matter	to the following:	
		BEATRIZ DEL PINO		
			Name of Person	
		SAJU GROUP INVESTM	IENTS LLC	
			Firm/Company	
		4840 S US HWY I		
			Address	
		FORT PIERCE, FL 34982		
			City/State and Zip Code	<u> </u>
		germanrojas01@yahoo.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further	information co	ncerning this matter, please ca	all;	
BEATRIZ	DEL PINO		786 3140307	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	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

SAJU GROUP INVESTMENTS LLC	ny se it now appears on our records)	SECRE FALLATI		
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 04/30/2017	and assigned -		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	tity Company," the designation "LLC" or the abbrevia	tion "L.L.C."		
Enter new principal offices address, if applicable:	4840 S US HWY 1	· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET ADDRESS)	FORT PIERCE, FL 34982			
Enter new mailing address, if applicable:	4840 S US HWY 1			
(Mailing address MAY BE A POST OFFICE BOX)	FORT PIERCE, FL 34982			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	· ———	name of the new		
Name of New Registered Agent:	.	- 		
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City Zi _I	p 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BEATRIZ DEL PINO	4840 S US HWY I	
		FORT PIERCE, FL 34982	☐ Remove
			☐ Change
	<u></u>		D Add
			□ Remove
			Change
		,	
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	date, if other than the		·	6.63° A 6	(optional)	(05.0	13 07
Note: If t	ve date is listed, the date much be date inserted in this be's effective date on the E	lock does not meet	the applicable sta				
	d specifies a delaye Ith day after the red		e, but not an e	ffective time, at	: 12:01 a.m. on t	he earlier	- of
DE Dated	CEMBER 13	. 2	017				
				ノ.			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00