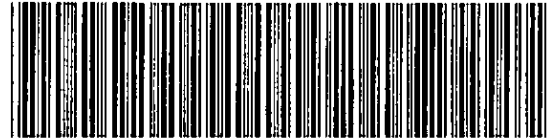


L17000103871

(Name)



500338665135

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

02/21/20--01004--001 \$25.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 21 2020



2020 FEB 21 AM 1:39

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2020

JOSE LIENRO ✓
465 BRICKELL AVE, #1506
MIAMI, FL 33131

SUBJECT: P&J CONSTRUCTION'S DESIGN LLC
Ref. Number: L17000103871

We have received your document for P&J CONSTRUCTION'S DESIGN LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department-of-State for \$25.00.

Only a Foreign LLC may use the form that was submitted in, To change the name of a company, you will need to submit in an amendment form which is enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 320A00002469

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

P&J CONSTRUCTION'S DESIGN LLC.

(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 MAY 10, 2017 8:00 AM and assigned Florida document number L 17000103871.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JDF INVESTORS LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

333 SE 2ND AVE, MIAMI, FL, 33131
SUITE # 2000

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

333 SE 2ND AVE, MIAMI, FL, 33131
SUITE # 2000

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

OPEN CONSULTING LLC.

New Registered Office Address:

333 SE 2ND AVE, MIAMI, FL, 33131

Enter Florida street address

SUITE # 2000

MIAMI

Florida

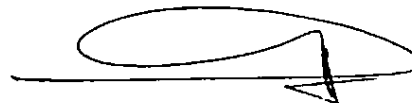
33131

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOSE R. DE FRANCESCA LIENDO.	465 BRICKELL AVE, MIAMI, FL, 33131 APT # 1506	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAULA K. ROMALDE	465 BRICKELL AVE, MIAMI, FL, 33131 APT. # 1506	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 14th 2020

Signature of a member or authorized representative of a member

JOSE R. DI FRANCESCO LIENDO

Typed or printed name of signee

Filing Fee: \$25.00