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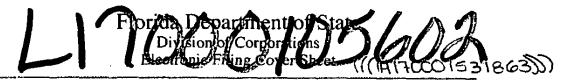
TO:18506176383 FROM:7862171243

Page:

1

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : JP GLOBAL BUSINESS

Account Number : I20130000083 Phone : (305)436-0093

Fax Number : (305)436-0094

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: master @ pobsines. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LDA INVESTMENTS LLC

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2

COV	/ER	LET	TER

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TO: Registration So Division of Con			
	ESTMENTS LLC		
SUBJECT: Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SONIA BOTERO		
	And the Analysis of the state o	Name of Person	و چاپېلومې باد تابېلومې د د اد تابېلومېدو د د د د د د د د د د د د د د د د د د
	JP GLOBAL BUSINESS	SOLUTIONS INC	
		Firm/Company	
	1395 BRICKELL AVENU	JE, STE 1380	
		Address	
	MIAMI, FL 33131		
	and and the Company of the second	City/State and Zip Code	·
	MASTER@JPGBUSINES		
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
SONIA BOTERO		305 359-3700 at()_	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional 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 Tailahassee, FL 32301

(((H17C0)1531863)))

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3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (((H 170001531663))) OF

 f_i :

LDA INVESTMENTS LLC		ì
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	=
	•	
The Articles of Organization for this Limited Liability Company	were filed on 05/11/2017 and assigned	17
Florida document number L17000105602		7
This amendment is submitted to amend the following:		ې
A. If amending name, enter the new name of the limited liab	ility company here:	T
The new name must be distinguishable and contain the words "Limited Liabi	lity Cormony" the decignation "[1 (") or the abbreviation "[1 (")	
	840 EDGEWOOD AVE S., SUITE 255	
Enter new principal offices address, if applicable:	JACKSONVILLE, FL 32205	
(Principal office address MUST BE A STREET ADDRESS)	JACKSON VILLE, PL 32203	
	840 EDGEWOOD AVE. S. SUITE 255	
Enter new mailing address, if applicable:	JACKSONVILLE, FL 32205	
(Mailing address MAY BE A POST OFFICE BOX)	JACABONY ILLE, I L J2200	
	J.	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Other Address.	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document	d
	nging Registered Agont, Signature of New Registered Agent	
Page	1 or 3 (((H170001531863))))

06/7/2017	

13:15 PM PDT

TO:18506176383 FROM:7862171243 (() HI + W 15 27865)))

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			
Title	Name	Address	Type of Action
		4,200	Add
			□ Remove
	•	-	Change
			□ Add
		Name to the department of the department production of the department of the departm	☐ Remove
	•	* b	□ Change
			Add
		Name and the control of the control	☐ Remove
			☐ Change
			Add
			Remove
			□ Change
			Add
			□ Remove
		<u></u>	□ Change
	<u></u>		□ Add
			□ Rетоvе
			Change

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

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more if	(optional)
Note: If the date inserted in this block does not meet the applicable statutory filing requocument's effective date on the Department of State's records.	

Page:

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 filled.

Dated Fune 7 ** 2017.

Course Romos

Louise Romos

Page 3 of 3

Filing Fee: \$25.00