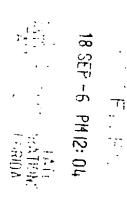
## L18000085834

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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## - CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Jada Gordon Holdings LLC		
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		Art of Inc. File
	·	LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
	<del>_</del>	Driving Record
Requested by: Seth 09/05/	/18	UCC 1 or 3 File
Name Date	Time	UCC 11 Search
W.H. T.		UCC 11 Retrieval
Walk-In Will Pic	ck Up	Courier

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JADA GORDON HOLDINGS, 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 \_\_\_\_\_\_\_04/01/2018 and assigned Florida document number L18000085834 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SIDNEY GORDON	200 NE 2ND AVE, SUITE 105 DELRAY BEACH, FL 33444	
			■ Remove
			□ Change
AMBR SIE	SIDNEY GORDON	200 NE 2ND AVE, SUITE 105 DELRAY BEACH, FL 33444	≅ Add
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ective date, if other than the date effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Department.	e specific and cannot be per does not meet the ap	prior to date plicable sta	of filing or more t	han 90 days aft	tional) er filing.) Purs nis date will i	suant to 605.02 not be listed :
record specifies a delayed e he 90th day after the record	ffective date, but d is filed.	not an e	ffective time	e, at 12:01	a.m. on t	he earlier
SEPTEMBER 5	2018	·				
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Page 3 of 3

Filing Fee: \$25.00