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## **COVER LETTER**

SUBJECT:	JP OFFICE LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Michael Kadoch			
Name of Person				
	Michael R. Kadoch, P.A.			
Firm/Company				
	7501 NW 4th Street, Sui	te 204		
		Address		
v	Plantation, FL 33317			
		City/State and Zip Code		
	michael@kadochlaw.com			
	E-mail address: (	to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please ca	all:		
Michael Kadoch		954 713-9423		
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne 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)	
34.11	INC ADDITION	NAD DISTRICT	VO A NANDON	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

JP O	FFICE LLC	
( <u>Name of the Limited Liability Co</u> (A Fiorida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 07/17/2018	and assigned
Florida document number L18000172032		
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 I	iability Company," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:	3000 & 3100 NW 31ST StreetOakland P	ark, FL 33311
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u>.</u>
Enter new mailing address, if applicable:	3000 & 3100 NW 31ST StreetOakland P	ark, FL 33311
(Mailing address MAY BE A POST OFFICE BOX)	<del>.</del>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:		name of the AUG 20 AH 10
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	Circ	in Code

## New Registered Agent's Signature, if changing Registered Agent:

Lhereby 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 or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joshua Becker	3000 & 3100 NW 31ST Street Oakland Park, FL 33311	<b>=</b> Add
			☐ Remove
·			□ Change
AMBR	BECKER, JOSHUA	21490 W. DIXIE HWYAVENTURA, FL 33180	
		■ Remove	
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D. If amending any other information, enter change(s) here: (Attach additional s		_
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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 than Note:  If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effective time, ) The 90th day after the record is filed.	at 12:01 a.m. on the earlie	er of
Dated August 17th 2018		
Signature of a member or authorized representative of a m	nember	
Mil. Chall Kaduch Typed or printed name of signee		
Typed or printed name of signee		

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Filing Fee: \$25.00