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OCT 24 2000 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:	L Andrade Name of Limited Li	ability Company	
The enclosed Articles of Ame	ndment and fee(s) are submitted	I for filing.	
Please return all corresponden	ece concerning this matter to the	following:	
-	Nancy Cos	Ha-De Andrad Name of Person	<u> </u>
		Firm/Company	
	820 Carolina (Nddress Address	
-	Fort Lauderd	ale FL 3331	2
_	COSTANANCU E-mail address: (to be a	11 @ When Cor bed for future annual report notification	on)
For further information concer	rning this matter, please call:	,	
Nancy Costa Name of Pers	-De Andrade	at (5D8) Area Code by stree Tele	7 4 3 ephone Number
Enclosed is a check for the fol	lowing amount:		
\$25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JL A	Wride LLC
(Name of the Limite	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of	he limited liability company here:
The new name must be distinguishable and contain the wo	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office address on our records, enter the name of the new registered here:
Name of New Registered Agent:	
New Registered Office 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 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

f 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>	Name	Address	Type of Action
AMBR	Jose M De Andrade	820 Carolina ave	ØAdd
		Fort lauderdale, FL	□Remove
		33312	□Change
			□Add
			[]Remove
			□Change
			□Add
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Sectiv	ve date, if other than the date of filing:	
an effec ote: I	etive 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 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.	
is file		ıc
<a>ated	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
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