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COVER LETTER

JOPR Capital Partners, LLC SUBJECT: Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
PETER C. RALL		
Name of Person		
JOPR CAPITAL PARTNERS, LLC		
Firm/Company 1330 GABRIEL LANE		
Address WARWICK, PA 18974		2
City/State and Zip Code RALL.PETER@GMAIL.COM		АУН 6102 J Н
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
MARK A. HIGHTOWER. CPA 860 739-5535	<u>.</u>	.
Name of Person Area Code Daytime Telephone Number	- : C	ñ
Enclosed is a check for the following amount:		
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &	

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOPR CAPITAL PARTNERS, 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 4/8/19 _____ and assigned Florida document number L19000097104 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 "L.L.C." 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.

City

If Changing Registered Agent, Signature of New Registered Agent

_. Florida _

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

litle	Name	<u>Address</u>	Type of Action
MGR	JOHN R. OLIVER	1302 WEST TWISTED MESQUITE PLACE	
		ORO VALLEY, AZ 85755	□ Add
		CUANCE PROLETA	□ Remove
		CHANGE FROM AMBR TO MGR	☐ Change
			Add
			□ Remove
			Change
			Remové⊓
			Change (
	-		Ö A
			Remove
			Change
			Add
			Remove
			☐ Change
			O Add
			□ Remove

AND JOHN OLIVER IS LISTED AS A MEMBER.		
WE WANT BOTH PETER AND JOHN TO BE LISTED AS MANAGERS.		
PLEASE UPDATE OUR ARTICLES OF ORGANIZATION TO REFLECT THIS CHANGE.		
		
		
		
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Filing Fee: \$25.00