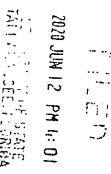
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Office Use Only

6/30/20

## **COVER LETTER**

TO:

TO: Registration Se Division of Cor					
	RLIFELLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	JEAN, SHWAGKS				
		Name of Person			
	SHIELD UR LIFE LLC		2020 JUN 12		
	<del></del>	Firm/Company			
16499 NE 19TH AVE SUITE 215					
		Address			
	NORTH MIAMI BEACH,	FL 33162 UN	1.01 2.316 3.818		
		City/State and Zip Code	<del></del>		
	SJEAN910@GMAIL.COM	l			
	E-mail address; (	to be used for future annual report notif	ication)		
For further information c	oncerning this matter, please ca	all:			
SHWAGKS JEAN		954 5942107 at ()			
Name o	f Person		e 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)		
Mailing Addres	<del></del>	Street Address:	etion.		
Registration Section Division of Corporations		Registration Sec Division of Cor			
P.O. Box 6327		The Centre of T	•		
Tallahassee, FL 32314			e Street, Suite 810		

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SHIELD UR LIFE LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{04/03/20}{}$	20	_ and assigned
lorida document number 1.20000095894			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	oility company here:		
JP DOWN TRADING LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	tion "LLC" or the abbre	viation "L.L.C."
Inter new principal offices address, if applicable:	N/A	ا با الله الله الله الله الله الله الله	120 J.
<u> Principal office address MUST BE A STREET ADDRESS)</u>		<u> </u>	A
			10
		្នែក ពេល	<u> </u>
nter new mailing address, if applicable:			ւ։ 
Mailing address MAY BE A POST OFFICE BOX)		(3rii	
	- · · · · · · · · · · · · · · · · · · ·		
. If amending the registered agent and/or registered office	address on our record	s, enter the name o	f the new regist
gent and/or the new registered office address here:			
Name of New Registered Agent:	<del></del>		
New Registered Office Address:			
	Enter Florida stra	vet 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

Zip Code

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		
AMIDD -	Authorized	Α.	

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Remove
			☐ Change
			□Add
			□ Remove
			DCtange 12 - □ Add
			□Change
			□Add
			□ Remove
			□Change
			□ Remove
			□Change
<del></del>			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: | JUNE / 9 / 2020 (optional) (If an effective 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 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 filed. Dated \_\_\_\_\_

Signature of a member or authorized representative of a member SHWAGKS JEAN Typed or printed name of signee