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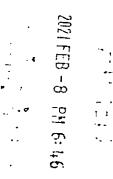
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COVER LETTER

	Registration Se Division of Cor		·			
eun mer		ICES OF LEONELBA MART	INEZ, PLLC			
SUBJEC	1:	Name of Lim	ited Liability Company	<u></u>		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please reti	urn all correspo	indence concerning this matter	to the following:			
		LEONELBA MARTINEZ	: 			
			Name of Person			
		LAW OFFICES OF LEON	NELBA MARTINEZ, PLLC			
		LAW OFFICES OF LEONELBA MARTINEZ, PLLC Firm/Company 1500 GATEWAY BLVD, SUITE 220 Address				
	1500 GATEWAY BLVD, SUITE 220					
	1500 GATEWAY BLVD, SUITE 220					
		BOYNTON BEACH, FLO	ORIDA 33426			
			City/State and Zip Code	-		
		_	JSA.COM to be used for future annual report not	.:c		
For furthe	er information c	oncerning this matter, please c		mication)		
	.BA MARTINI	•	305 491-1396 at ()			
	Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed	is a check for the	he following amount:				
≣ \$25.0	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 Registration		Street Address: Registration Se	ection		
	Division of C		Division of Co	Division of Corporations		
	P.O. Box 632		The Centre of			
	Tallahassee.	rし 32314	2415 N. Monro	be Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAW OFFICES OF LEONELBA MARTINEZ, PLLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) 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 , Florida City

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LEONELBA A MARTINEZ	1070 AUDACE AVE, APT 312	□Add
		BOYNTON BEACH. FLORIDA 33426	■ Remove
			□Change
OWNER	LEONELBA MARTINEZ	1070 AUDACE AVE, APT 312	= Add
		BOYNTON BEACH, FLORIDA 33426	□Remove
			Change
			□Add
			□Remove
			□Change
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ffective date, if other than the an effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the December 1.	t be specific and cannot be prior ock does not meet the application.	able statutory filing requi	(optional) 90 days after filing.) Pursua rements, this date will not	nt to 605.0207 t be listed as
	- days bases - or - or - or	me, at 12:01 a.m. on the 6	earlier of: (b) The 90th o	day after the
	e date, but not an effective ti			
1 is filed.	e date, but not an effective to			
record specifies a delayed effective d is filed. Dated 02/03		orized representative of a me	ember	

Filing Fee: \$25.00