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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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## **COVER LETTER**

TO:	Registration Second Division of Cor		;	
	JP PRIORI			
SUBJE	ECT:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-		
Please	return all correspo	ndence concerning this matter	to the following:	
		Alexandre Carlos Rovai		
			Name of Person	<del> </del>
		BT7 Partners Corp		
			Firm/Company	
		6965 Piazza Grande Ab=vo	enue - Unit 401	
			Address	
		Orlando - Florida - 32835		
		arovai@bt7partners.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	ification)
For fur	ther information co	oncerning this matter, please ca	all:	
Alexa	ndre Carlos Rovai		517 7753006	
	Name of	f Person	at ()	ne Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>■</b> \$2	5.00 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 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

JP PRIORITLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number	were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
P PRIORI LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the a	hbreviation "L.L.C."
Inter new principal offices address, if applicable:	2301 Laguna Circle - apto 1509	
Principal office address MUST BE A STREET ADDRESS)	North Miami, FL 33181	
Enter new mailing address, if applicable:	2301 Laguna Circle - apto 1509	400
Mailing address MAY BE A POST OFFICE BOX)	North Miami, FL 33181	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the nam	ne of the new regi
Name of New Registered regent.		77
New Registered Office Address:	Enter Florida street address	
	, Florida	l .
	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 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
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			□Remove
		□Change	
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		□Change	
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record Lis file	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
ated	Sep/29/2021
	Signature of a member or authorized representative of a member
-	50 Ao (Aug Ballos M. ProRi

Filing Fee: \$25.00