

MI90000001151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

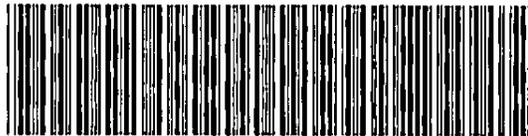
(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAR 14 PM 12:20
STATE OF FLORIDA
TALLAHASSEE

FEB 23 2019
C. McNAIR

MAR 16 2019
C. McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JD Group Investments LLC
Name of Foreign Limited Liability Company

2018 MAR 14 PM 12:20
TALLAHASSEE FILING

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gustavo Barilaro
Name of Person

Firm/Company

3619 NE 207th St #2203
Address

Aventura FL 33180
City/State and Zip Code

gbarilaro24@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gustavo Barilaro at (786) 955-7956
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee *already sent*
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

2019 MAR 14 PM 12:20
REGISTRATION FILED
TALLAHASSEE FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: JD Group Investments LLC

Enter new principal office address, if applicable: 3619 NE 207th St #2203

(Principal office address
MUST BE A STREET ADDRESS)

Aventura Fl 33180

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: 37-1880505

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: 01/10/2019

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Gustavo Barilano

New Registered Office Address: 3619 NE 207th St #2203

Enter Florida Street Address

Aventura, Florida 33180
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Barilaro, Gustavo</u>	<u>3619 NE 207th St #2203 Aventura FL 33180</u>	<input checked="" type="checkbox"/> Add

_____ Remove

<u>MGR</u>	<u>DiGangi Rosario, Jorge</u>		<input type="checkbox"/> Add
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_____ Remove

<u>MGR</u>	<u>Robles Mercedes Daniela</u>		<input type="checkbox"/> Add
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_____ Remove

<u>CEM</u>	<u>Barilaro Gustavo</u>		<input type="checkbox"/> Add
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_____ Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Gustavo Barilaro

Typed or printed name of signee

Filing Fee: \$25.00