

L12000004660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

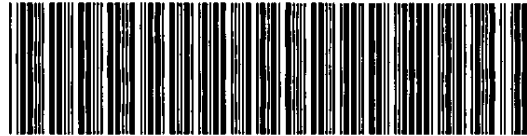
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



The Tower Above the Four Seasons
75 Fourteenth Street • Suite 2200
Atlanta, Georgia 30309
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Tina M. Beckman
Paralegal
(404) 389-9046 direct
tbeckman@TPCLG.com

April 16, 2014

VIA FEDEX

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

Re: IBCP Florida Real Estate Fund I, LLC

Dear Sir or Madam:

Enclosed please find for filing the original and one (1) copy of the Amendment to the Articles of Organization of IBCP Florida Real Estate Fund I, LLC along with our Check Number 3775 in the amount of \$25 for the filing fee. Please return the "filed" Amendment to me in the enclosed FedEx Return envelope.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Tina M. Beckman
Paralegal

TMB/
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: IBCP Florida Real Estate Fund I, LLC
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:

Tina Beckman

Name of Person

The Private Client Law Group

Firm/Company

75 14th Street NE, Suite 2200

Address

Atlanta, GA 30309

City/State and Zip Code

tbeckman@tpclg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina Beckman

Name of Person

404 974-3484

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

FILED
2014 APR 18 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IBCP Florida Real Estate Fund I, 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 January 9, 2012 and assigned Florida document number L12000004660.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JRH CM Investments, LLC

The new name must be distinguishable and end with 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

_____, 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

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: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 28, 2014

Tina Beckman

Signature of a member or authorized representative of a member

Tina Beckman

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA