L14000058118

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
, (Cit	y/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
		of Chabus
Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	

Office Use Only



900278885869

11/09/15--01025--008 **30.00

SECRETARY OF SINTE

HOY 10 HAY C.E.

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	ment Group, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
•	Joreda Topi		
		Name of Person	
	JT Management Group, L	LC	
		Firm/Company	
	110 E. Broward Blvd., Su	ite 1700	
		Address	
	Fort Lauderdale, FL 3330	I	
		City/State and Zip Code	
	jtopi@inovisiongroup.com E-mail address: (to be used for future annual report notifical	ion)
For further information c	oncerning this matter, please c	·	,
Joreda Topi		917 6536241	
Name o	f Person	at () Area Code Daytime Te	lephone Number
			lephone Number 215 NOV
Enclosed is a check for the	ne following amount:		ASSER L
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Copy.
Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons · Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JT Management Group, LLC					
(Name of the Lim	ited Liability Company as (A Florida Limited Liabili	it now appears ty Company)	s on our records.)		_
The Articles of Organization for this Limited I	Liability Company were	filed on Sep	ptember 23, 2014	and	assigned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability of	ompany he	<u>re</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the de	esignation "LLC" or th	ne abbreviation	"L.L.C."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE				2015 NOV -9 SECRET/RY ALLAHASSE	
B. If amending the registered agent and registered agent and/or the new registered of		address on	our records, en	OF STATE OF	e of the new
Name of New Registered Agent:	Joreda Topi				
New Registered Office Address:	110 E. Broward Blvo	l., Suite 1700			
		Enter Flori	ida street address		
	Fort Lauderdale		, Florida	33301	
		City		Zip Co	de -
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

Page 1 of 3

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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> MGR Joreda Topi 110 E. Broward Blvd., Suite 1700, Add ☐ Remove ☐ Change **AMBR** Edmond Topi □ Add 110 E. Broward Blvd., Suite 1700 Remove ☐ Change AMBR □ Add ☐ Remove Change ____ ☐ Řemove ¶ ∵ Change 9 □ Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change

	······································	
	·	
		· · · · · · · · · · · · · · · · · · ·
	 	
		7A SE C 15
	, , , , , , , , , , , , , , , , , , ,	
		SS 1
		me T
		9 9
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicable nument's effective date on the Department of State's records.	date of filing or more than 90 days	optional) after filing.) Pursuant to 605.00 s, this date will not be listed
record specifies a delayed effective date, but not a he sold h	an effective time, at 12:0	01 a.m. on the earlier
red November 5 , 2015		
	· ·	
Signature of a member or authorize	ed representative of a shember	
υ.gγ.		

Page 3 of 3

Filing Fee: \$25.00