## L20000034984

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JG4 INVESTMENT GROUP, 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: JANETH P GUTIERREZ Name of Person JG4 INVESTMENT GROUP, LLC Firm/Company 10265 NW 63 RD TERRACE APT 4-205 Address DORAL, FL 33178 City/State and Zip Code janethpatricia2@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JANETH P GUTTERREZ 561 312-7300 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■ \$25.00** Filing Fee □ \$30.00 Filing Fee & □ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: **Street Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section
Division of Corporations

## TO ARTICLES OF ORGANIZATION OF

JG4 INVESTMENT GROUP, LLC

(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	4: 27	
The Articles of Organization for this Limited L Florida document number 1.20000034984	iability Company	were filed on	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		10265 NW 63RD TERRACE APT 4-205		
(Principal office address MUST BE A STREE	(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or agent and/or the new registered office address.  Name of New Registered Agent:	registered office : ss here: JANETH PGU	address on our records, <u>enter th</u>		
New Registered Office Address:	Enter Florida street address			
	DORAL	, Flori	33178	
		City City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as pregistered office change.	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is the limited liability	

## removed from our records:

|GR = Manager | MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SARA MONTANO	10265 NW 63RD TERRACE 5 PH 4: 27	□Add
		APT 4-205	
		DORAL, FL 33178	≣Remove
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if the record specification	ies a delayed effect	ive date, but not a	an effective time	e, at 12:01 a.m.	on the earlier of	(b) The 90th day	after the
Dated	NOVE	MBER 02	2020				
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Typed or printed name of signee