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SECRETARY OF STATE
TALLAMASSEE TAIL

## **COVER LETTER**

| TO:          |              | ation Secti<br>n of Corpo |                      |                              |  |                                     |                |
|--------------|--------------|---------------------------|----------------------|------------------------------|--|-------------------------------------|----------------|
| SUBJI        | ·<br>FCT:    |                           |                      | MXC                          | Investors LLC  |                                     |                |
| 30131        |              |                           | •                    | Name of Li                   | mited Liability Company  |                                     |                |
|              |              |                           |                      |                              |  |                                     |                |
| The en       | closed Ar    | ticles of An              | nendment an          | d fee(s) are su              | ibmitted for filing.   |                                     |                |
| Please       | return all   | correspond                | ence concerr         | ing this matte               | er to the following:   |                                     |                |
|              |              |                           |                      | Mario                        | Andrés Garton  | Moreno                              |                |
|              |              |                           |                      | *                            | Name of Person   |                                     |                |
|              |              |                           |                      |                              | Firm/Company   |                                     |                |
|              |              |                           |                      |                              | _  |                                     |                |
|              |              |                           |                      | 43 C                         | OG Silver Moon   | Ln                                  |                |
|              |              |                           |                      |                              | Address  |                                     |                |
|              |              |                           |                      | Green                        | ucres, FL 33463  | FL                                  |                |
|              |              |                           |                      |                              | City/State and Zip Code  |                                     |                |
|              |              |                           |                      | mgmingen                     | ierias@gmail.com   | 1                                   |                |
|              |              |                           |                      | E-mail address:              | (to be used for future annual                                    | report notification)                |                |
| For fur      | ther infor   | mation con                | cerning this i       | matter, please               | call:  |                                     |                |
|              | Mario        | Andres                    | Gartón               | Moreno                       | at ( 561 )   | 633 21 44  Daytime Telephone Number |                |
|              |              | Name of P                 | erson                |                              | Area Code  | Daytime Telephone Number            |                |
| Enclos       | sed is a cho | eck for the               | following an         | nount;                       |  |                                     |                |
| <b>E</b> \$2 | t5.00 Filin  | g Fcc                     | S30.00 F<br>Certifie | iling Fee &<br>ate of Status | ☐ \$55.00 Filing Fee<br>Certified Copy<br>(additional copy is en | Certifica (Cosed) Certified         | te of Status & |
|              |              | Address:                  | otion                |                              | Street A   |                                     |                |
|              | _            | ration Secondon of Cor    | cuon<br>porations    |                              | •  | ration Section on of Corporations   |                |
|              |              | 30x 6327                  | r or actions         |                              |  | entre of Tallahassee                |                |
|              | Tallah       | assee, FL                 | . 32314              |                              | 2415 N   | I. Monroe Street, Suite 8           | 10             |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JXM Investo  | ors LLC  |  |
|--|--|--|
| ( <u>Name of the Limited Liability Compan</u><br>(A Florida Limited Li   | y as it now appears on our re<br>ability Company)    | cords.)  |
| The Articles of Organization for this Limited Liability Company v Florida document numberL21000350980  | vere filed on August 0                               | 4 2027 Sam and assigned  |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited liabil  | ity company here:                                    |  |
| N'A  |  |  |
| The new name must be distinguishable and contain the words "Limited Liabilit   | y Company," the designation "                        | 'LLC" or the abbreviation "L.L.C."                             |
| Enter new principal offices address, if applicable:  | NA   |  |
| (Principal office address MUST BE A STREET ADDRESS)  |  | SE 202   |
|  |  | SI   |
| Enter new mailing address, if applicable:  | N/A  | P 10   |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  |
|  |  | 6: 0   |
| B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:  | ldress on our records, <u>er</u>                     | nter the name of the new registere                             |
| Name of New Registered Agent: N  | /A   |  |
| New Registered Office Address:   |  |  |
|  | Enter Florida street ad                              | ddress   |
|  |  | . Florida  |
|  | City   | Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my dutie.<br>rovided for in Chapter 6 | s, and I am familiar with and 05, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

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> | <u>Name</u>            | Address                                 | Type of Action                |
|--------------|------------------------|---|-------------------------------|
| AMBR         | Gloria Clemencia Maeno | 6306 Silver Moonl, Greenacies FL, 33463 | <mark>?</mark> _ <b>⊠</b> Add |
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| Effective                               | date, if other than the date of filing: N/A (optional)  |
| lf an effecti                           | ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207   |
|   | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records. |
| document                                | s effective date on the Department of State s records.  |
|   |   |
| e recora s <sub>l</sub><br>rd is filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
|   |   |
| <b>D</b>                                | Scotember 07 2021   |
| Dated                                   | September 07 2021   |
|   |   |
|   | Mais (2014 da Marons  |
|   | Maio Guston Moreno.  Signature of a member or authorized representative of a member   |
|   | Signature of a member or authorized representative of a member  |