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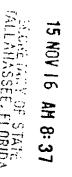
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COVER LETTER

TO:	Registration Se Division of Con		*	
, Clibii		N INVESTMENTS LLC		
SODJI	ECT:	Name of Lim	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Thayana Xavier		
			Name of Person	
		Cambridge Group		
			Firm/Company	
		7575 DR PHILLIPS BLVI	D #245	
			Address	
		Orlando FL 32819		
		Thayprocessor@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	fication)
For fur	ther information c	oncerning this matter, please ca	all:	
Thayaı	na Xavier		407 370- 3691	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for the	he following amount:		
= \$25	5.00 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 enclose

MAILING ADDRESS:

3

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

TO ARTICLES OF ORGANIZATION OF

JR ADMIN INVESTMENTS LLC

(Name of the Limi	ted Liability Compan (A Florida Limited Li	v as (t now appears on our ability Company)	records,)
The Articles of Organization for this Limited L Clorida document number	iability Company v	were filed on	and assigned
This amendment is submitted to amend the foll	lowing:		
A. If amending name, <u>enter the new name o</u>	f the limited liabil	ity company here:	
he new name must be distinguishable and contain the v	words "Limited Liabilit	ty Company," the designation	n "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applic	cable:	*****N/A****	
Principal office address MUST BE A STREE		*****N/A****	
		*****N/A****	
nter new mailing address, if applicable:		****N/A****	5
Mailing address MAY BE A POST OFFICE	o amend the following: the new name of the limited liability company here: le and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ddress, if applicable: ******N/A***** *****N/A***** ******** ******** ******** ****		
		*****N/A****	ASS AVA 91
 If amending the registered agent and/ egistered agent and/or the new registered of 			74.32
Name of New Registered Agent:	*****N/A****		
New Registered Office Address:	*****N/A****	:	
		Enter Florida street	address
	*****N/A****		*****N/A*****
		City	

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

$\underbrace{\text{or removed from our records}}_{\bullet}:$

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ROSICLER A NIFOSSI COMPRI	7575 DR PHILLIPS BLVD #255	-
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		OKLANDO, PL 32819 UN	Remove
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			Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00