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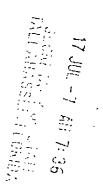
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COVER LETTER

	vision of Corp			
SUBJECT:	ЈАСОВМА	XG LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclose	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		RICHARD WASERSTEIN	ŧ.	
			Name of Person	
			Firm/Company	
1124 KANE CONCOURSE				
			Address	
		BAY HARBOR ISLANDS	5, FL 33154	
			City/State and Zip Code	
		WAS913@AOL.COM		
		E-mail address: (to be used for future annual report notific	ration)
For further	information co	oncerning this matter, please co	all:	
RICHARD WASERSTEIN		305 861-8000		
	Name of	f Person	at () Area Code Daytime	l'elephone Number
Enclosed is	a check for th	ne 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

JACOBMAXG LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparida document number L17000055637	any were filed on MARCH 9, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:
he new name must be distinguishable and contain the words "Limited L	inbility 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	2
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address	d office address on our records, enter the name of the phere:
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 Age	ent:

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 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>	Name	Address	Type of Action
MGRM	ANNA GANDELAMN	1124 KANE CONCOURSE	
		BAY HARBOR ISLANDS, FL 331	■ Remove
			☐ Change
MGRM	MIKHAIL GANDELMAN IRREV	1124 KANE CONCOURSE	
		BAY HARBOR ISLANDS, FL 331	□ Remove
			Change
			□ Adđ
			Remove
			☐ Change
			Add
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ective date, if other the effective date is listed, the term of the date inserted in ument's effective date of	n this block does no	ot meet the app	ilicable statute	ing or more than bory filing require	(optional) 00 days after filing.) ements, this date v	Pursuant to 605.0 vill not be listed
record specifies a c he 90th day after t	delayed effective the record is file	e date, but ed.	not an effe	ctive time, a	: 12:01 a.m. c	on the earlier
ted JULY 3		2017				
	10	1111 11 11	1			

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Filing Fee: \$25.00