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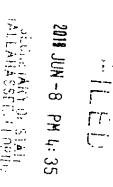
(Req	uestor's Name)	
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COVER LETTER . .

TO:	Registration Division of C		,	
SUBJI	ECT:	JACKSONVILLE	NVESTMENTS GROUP.	LP
	Na	ime of Florida Limited Part	nership or Limited Liability	Limited Partnership
The en	iclosed Certifi	cate of Amendment an	d fec(s) are submitted	for filing.
Please	return all corr	respondence concernin	g this matter to:	
		Titania Johnson		
		Contact Person		
		Leelair Group Inc.		
		Firm/Company	•	
	18	881 NE 26th Street #218		
	- 	Address		
	F	t. Lauderdale, FL 33305	•	
		City, State and Zip Code	5 / Car 24 * **	
		Titania@łeclairinc.net		
E	-mail address: (to	be used for future annual	report notification)	
For fu	rther informat	ion concerning this ma	itter, please call:	
	Titania Jol	nnson	at (954 440	0 - 0286
	Name of Contr	ict Person	Area Code and Day	time Telephone Number
Enclo:	sed is a check	for the following amou	unt:	
□ \$52	.50 Filing Fee	■\$61.25 Filing Fee and Certificate of Status	□\$195.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STRE	ET ADDRES	SS:	MAILING A	ADDRESS:
Regist	tration Section	1	Registration	
	on of Corpora	itions		Corporations
	n Building		P. O. Box 63 Tallahassee.	
	Executive Cernassee, FL 32.		rananassee.	FL 34314
Tanat	masce, FL 32.	JU I		

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

JACKSONVILLE II	NVESTMENTS GR	OUP, LP	
Insert name currently on F	le with Florida Dep	artment of State	
Pursuant to the provisions of section 620.1202, F fimited liability limited partnership, whose certif December 8, 2011 adopts the following certificate of amendment to	icate was filed w orida document r	ith the Florida Department of Stati numberA11000000924	e on
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the here:	limited partnersh	ip or limited liability limited partne	<u>ership</u>
New name must be distinguis	hable and contain a	i acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partners Acceptable Limited Liability Limited Partnership suffixes	hip, Limited, L.P., I Limited Liability L	.P., or Ltd mited Parinership, L.L.L.P., or LLLP.	
B. If amending mailing address and/or princ principal office address here:	ipal office addr	ess, enter new mailing address ar	<u>ıd/or</u>
New Principal Office Address: (Musi be STREET address)		· UN	" 1
New Mailing Address: (May be post office box)			rti C
		1	
C. If amending the registered agent and/or regis new registered agent and/or the new registered off	tered office addr ice address here:	ess on our records, <u>enter the name</u>	<u>of the</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter I	Torida street address	
		, Florida	
	City	Zip Code	

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.

If Changing Registered Agent, Signatur	e of New Registered Ag	ent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	Name	<u>Address</u>	Type of Action
GP	Leclair Group Inc. (I/k/a Leclair Management Inc.)	1881 NE 26th Street #218 Ft. Lauderdale, FL 33305	_ □ Add □ ■ Remove
GP	Leclair Group Investments Inc.	1881 NE 26th Street #218 Ft. Lauderdale, Ft. 33305	_ ■ Add □ Remove
			_
			_ O Add; & B
			Addition 35

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

This Limited Partnersh	n hereby elects to be a '	Limited Liability	Limited Partnership."

Q This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment)

ffective date, if other than the date of filing:	er the date this document is filed by the Florida Department
ate) ote: If the date inserted in this block does not meet the app	
listed as the document's effective date on the Department	
	•
ignature(s) of a general partner or all general	partners*:
NOTE: Only one current general partner is required to sign	gn this document unless the limited partnership is adding or
moving a "limited liability limited partnership" election sta hen adding or removing a "limited liability limited partner	atement. Chapter 620, F.S., requires all genéral partners to :
inch dodaig to removing a same of the same	آ الران
March	8
eclair Group Investments Inc.	-6:
D. B. Sand L. Alein for David Land	
y: Robert Leclair, its President	
	partner(c) if any
ignature(s) of all new or dissociating general n	
ignature(s) of all new or dissociating general p	ACCURATE ANY
ignature(s) of all new or dissociating general p	- M do Oci
ignature(s) of all new or dissociating general p	Malai
eclair Groupiny comems Inc.	Leclair Group Inc. f/k/a Leclair Management Inc.
12/	Leclair Group Inc. f/k/a Leclair Management Inc. By: Melanic Leclair, its President
eclair Groupiny comems Inc.	Leclair Group Inc. f/k/a Leclair Management Inc.