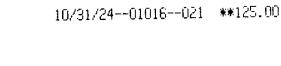


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COVER LETTER

TO: Registration Division of 0	i Section Corporations		
AVENU SUBJECT:	JE I INVESTMENTS, LLC		
30bage1.	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
	spondence concerning this matte	·	
	Scott J. Lee, Esq.		
	<u> </u>	Name of Person	
	SJW Law Group, PLLC		
		Firm/Company	
	12300 South Shore Blvd.,	Suite 202	
		Address	
	Wellington, FL 33414		
		City/State and Zip Code	
	scott@sjwlawgroup.com		
	E-mail address:	(to be used for future annual report noti	fication)
For further information	concerning this matter, please of	all:	
Danielle Ring		561 340-4563	
Name	of Person		e Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addr</u> Registration		Street Address:	otion
_	Corporations	Registration Sec Division of Con	
P.O. Box 63	27	The Centre of T	
Tallahassee,	. FL 32314	2415 N. Monroe	Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 OCT 31 PH 1: 19

AVENUE LINVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.). (A Florida Limited Liability Company)

		11 有病
The Articles of Organization for this Limited Liab	oility Company were filed on 10/13/2005	and assigned
Florida document number L05000101435	 ,	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
P		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address had Name of New Registered Agent:	stered office address on our records, <u>e</u> ere:	nter the name of the new registered
New Registered Office Address:		
	Enter Florida street a	uddress
<u>-</u>		, FloridaZip Code
		Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regions of my has been notified in writing of this cha	ind complete performance of my dutie ed agent as provided for in Chapter (istered office address, I hereby confiri	es, and I am familiar with and 505. 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
MRG	BROWN ROGERWITZ, CARME?	5580 SW 7TH PLACE	□Add
		MARGATE, FL 33068	≣Remove
			□Change
			
			□Remove
			bbA⊡
			□Remove
]Change
			□Add
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		 .			
Tective date, if other than the neffective date is listed, the date muster: If the date inserted in this blument's effective date on the December 2.	ock does not meet the a	policable statut	ling or more than 90 ory filing requirem	(optional) days after filing.) Pursi ents, this date will r	uant to 605.0207 not be listed as
ecord specifies a delayed effectiv is filed.	e date, but not an effect	ive time, at 12:	01 a.m. on the earli	er of: (b) The 90th	day after the
	2024				
OCTOBER 11		 ·	10		
	Signature of a member, br	Da	00		

Filing Fee: \$25.00