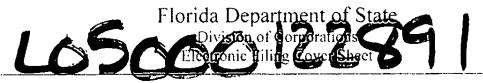
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000323 Phone: (954)208-0845 Fax Number: (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one omail address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COLLECTIVE GENIUS, LLC

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NOV 01 2022 K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COLLECTIVE GENIUS, LLC				
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L05000122891</u> .	were filed on December 28, 2005	a	mdassi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
JCMPI, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbrevia	tion "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the seconds.	7-17-17-17-17-17-17-17-17-17-17-17-17-17	he new 2022 NOV - 1 PH 2	A PPROVEU
	City		o Cu de	
		-	7	

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

Page: 4 of 5 2022-11-01 09:21:04 PDT 19548277645 From: Kaity Toon

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

To:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□Change
			□Add
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Page 2 of 3

n amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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Note:	the date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	November 1 2022
	Decade and the Control of the Contro
	Signature of a member or authorized representative of a member
	Jason Medley
	Typed or printed name of signce

Filing Fee: \$25.00