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Division of Corporations

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: (850)617-6383

From:

Rosa Wong, Paralegal

Account Name : AKERMAN LLP - MIAMI Account Number : C75471001363

Phone Fax Number : (305)374-5600 : (305)374-5095

Fax Number : (305)374-5095

Enter the email address for this business entity to be used for Auturous The State of the St annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **1848 JSS LLC**

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	1848 JSS LLC	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	正
The Articles of Organization for this Limited Liab Florida document number L08000012172	oility Company were filed on January 31, 2008	and assigned C
This amendment is submitted to amend the follow	ring:	三世
A. If amending name, enter the new name of the	he limited liability company here:	0810A 0810A
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or ile	ne abbreviation "L L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
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	r registered office address on our records, <u>en</u> <u>ce address here</u> :	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City , Piorida	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 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

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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	Joseph E. Dagrosa, Jr.	12950 SW 61st Avenue Pinecrest, FL 33156	Add
			⊠ Remove
			☐ Chunge
MGRM	John J. Sicilian	555 NE 15th Street, Apt. 30A Miami, FL 33132	D Add
			■ Reinove
			[] Change
MGRM	David T. Neithardt	1800 Sunset Harbor Drive, #1115 Miami Beach, FL 33139	D bbA □
			Remove
			☐ Change
MGRM	1848 Capital Partners LLC	1221 Brickell Avenue, #2660 Miami, FL 33131	
			☐ Remove
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			Fin ⊆ Remove [1]
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			Remave
			Change

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Affective date, if other than the date fan effective date is listed, the date must be sometimes. If the date inserted in this block of document's effective date on the Depart	ecific and cannot be prior to date of filing or more tha ses not meet the applicable statutory filing requ	(optional) n 90 days after filing) Pursuant to 605,020' irements, this date will not be listed as
ne record specifies a delayed eff The 90th day after the record	ective date, but not an effective time, s filed.	at 12:01 a.m. on the earlier o
February 13,	2019	
Dated	- INMA-	

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