## L08000021163

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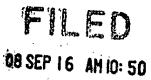
## **COVER LETTER**

TO: Registration Se Division of Cor							
SUBJECT:IAY INVESTMENT GROUP. LLC (Name of Limited Liability Company)							
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
		•					
	Hugh E. Cunningham						
		(Name of Person)					
	Gian	ρ					
	Jay investment≰, LLC	1					
		(Firm/Company)					
	1114C Thomasville Rd	,					
		(Address)					
	Tallahassee, FL 32303	(0) (0) 171 (0.1)					
		(City/State and Zip Code)					
For further information concerning this matter, please call:							
Hugh E. Cunningham		at ( 850 ) 212-3565					
(Name of Person)		(Area Code & Daytime T	elephone Number)				
Enclosed is a check for the following amount:							
<b>△</b> \$25.00 Filing Fee	Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)				
Registi Divisio	ING ADDRESS: ration Section on of Corporations, ox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building					

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JAY INVESTMENT GROUP, LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on <u>02/28/2008</u>	and assigned	
Florida document number <u>I 08000021163</u>	0		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and end with the wor"L.L.C."	ords "Limited Liability Company," the de	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
	**** *** · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		rds, enter the name of the new	
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 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM_	Katrina Harvey	1170 Rehwinkle Rd Crawfordville, FL 32327	Add Remove
·			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessa	iry.)
. <del></del>			SEP I
Dated	HALL:	mber or authorized representative of a member	6 AM IO: SO
	Ty	yped or printed name of signee	

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Filing Fee: \$25.00