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EXAMINER



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SECRETARY OF CLASSION OF CONTRACTOR

COVER LETTER

TO: Registration Sec Division of Corp		:	
SUBJECT: J G Inve	stments & Holding	s, LLC.	
		ited Liability Company)	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jennifer E. Gonzalez		
		(Name of Person)	
		(Firm/Company)	-
	MIAMI, FL 33177		•
		(City/State and Zip Code)	
For further information co	ncerning this matter, please c	all:	
JENNIFER E.GONZALE	Z	at (305) 345-2604	
(Name of Person) (Area Code & Daytime Telephone Number		'elephone 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J G Investments & Holdings, LLC. (Name of the Limited Liabil	ity Company as it now appears o a Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Florida document number H08000276917			and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,	" the designation "LLC	" or the ab	breviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)		_	01
- "			09/	SEC
			IPR	
Enter new mailing address, if applicable:			17	
(Mailing address MAY BE A POST OFFICE BOX)			P	
			- F-	1.0 . ,
			- 5	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the	name of	the nev
Name of New Registered Agent:				
New Registered Office Address:				
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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u> <u>Name</u>

Title	<u>Name</u>	Address	Type of Action
<u>GMGR</u>	Jennifer E. Gonzalez	14602 SW 182ND TERRACE MIAMI, FL 33177	Add Remove
			Add Remove
			Add Remove
	· <u></u>		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter (change(s) here: (Attach additional sheets, if necessary.)	
_			
_			
Dated	APRIL 9 , 2	2009	
	Signature of a m	nember or authorized representative of a member	
	JENNIFER E.GON	IZALEZ	
	 ,	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00