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(Re	equestor's Name)	
(Ac	ddress)	
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(Cı	ty/State/Zip/Phone #	<i>‡</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates c	of Status
Special Instructions to	Filing Officer:	
AR 3/2	25/17	
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	C PEOPLE Name of Limit	FIRST TNVI ed Liability Company	ESTMENTS, LLC
The enclosed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	JAMES	E. HARDEN,	Sr
		Firm/Company	
	2644 C	OOPER WAY	-
		TON, FL. 3 City/State and Zip Code	
	MEDW14 E-mail address: (to	7 LOGMAIL. Obe used for future annual report	2017)
	ncerning this matter, please cal		
JAMES E Name of	HARDER SR.	at (<u>561)</u> Le Co Area Code Day	0-3330 rtime 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	☑ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

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

Certified Copy

(additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J. & C. PEOPLE FIRST INVESTMENTS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(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 Company were filed onand assigned Florida document number
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Jec Property Solutions, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) WELLINGTON, FL 334/4
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) WELLINGTON, FL 33414
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:
Name of New Registered Agent: New Registered Office Address: 125 8. STATE RD 7, SULTE 104-257 Emer Florida street address
WEUINGTON, Florida 33414 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

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00