## L10000017114

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SECRETARY OF STATE
ALL AHASSEE, FLORID

J. BRYAN

APR 2 7 2009

**EXAMINER** 

## **COVER LETTER**

Division of Co	orporations				
SUBJECT:	JGRS IN\	/ESTMENT, LLC	•		
		ited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	ROL	AND SANCHEZ-MEDINA			
		Name of Person			
		SMGQL et al			
		Firm/Company			
	2333 Po	2333 Ponce De Leon Blvd. Suite 302			
		Address			
	Cor	al Gables, Florida 33134		10 APR 26 AM 8: 06 SECRETARY OF STATE FALLAMASSEE, FLORID	
		City/State and Zip Code			
	E-mail address: (	opez@smgqlaw.com to be used for future annual report notifica	ation	65 A	
For further information	concerning this matter, please of		,		
Roland	d Sanchez-Medina	at ( )	48-4344		
Name of Person		Area Code & Daytime	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 (additional copy is enclosed)	\$60.00 Filing Certificate Certified C (additional	of Status &	
MAILING ADDRESS: Registration Section		STREET/COURIE Registration Section	R ADDRESS:		

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

TO:

**Registration Section** 

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## JGRS INVESTMENT, 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 Company were filed on \_\_\_\_\_ 02/12/2010 and assigned Florida document number \_\_\_\_\_L10000017114 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 **Title Name** <u>Address</u> **Type of Action** MGRM ROLANDO SANCHEZ-MEL 2333 PONCE DE LEON BLVD, STE36 Add CORAL GABLES, FLORIDA 33134 JULIO GUANCHI MGRM 2333 PONCE DE LEON BLVD STE 30 Add CORAL GABLES, FLORIDA, 33134 ☐ Add Remove Add Remove □Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 19 2010 Dated zed representative of a member Ohes-made Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00