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## **COVER LETTER**

Division of Cor	rporations		
JTCW INV	ESTMENTS, LLC		
SUBJECT.	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Susan Deets, Esq.		
	<del> </del>	Name of Person	<del></del>
	Susan Dects, PA		
		Firm/Company	
	8900 SW 117 Avenue, Sui	te C208	
		Address	<del></del>
	Miami, Fl 33186		
	sdeets64@aol.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Susan Deets		305 270-3755	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fcc. Certificate of Status & Certified Copy (additional copy is enclosed)

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

TO:

Registration Section

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

JTCW INVESTMENTS LLC			
(Name of the Limited) (A	Liability Compa Florada Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liabi Horida document number L11000030515	ility Company	were filed on March 11, 2011	and assigned
his amendment is submitted to amend the following	ing:		
. If amending name, enter the new name of th	ie limited liab	ility company here:	
VA.			
he new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable	le:	N/A	
Principal office address MUST BE A STREET A	<u>4DDRESS)</u>	<del> </del>	
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		N/A	
i. If amending the registered agent and/or egistered agent and/or the new registered office	~	· · · · · · · · · · · · · · · · · · ·	enter the name of the
Name of New Registered Agent:	N/A		-
New Registered Office Address:		Enter Florida street address	
		. Flori	da
-		Cin	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Bonnie I. Rollo Trustee of the Carman W. Rollo Trust	9100 South Dixie HWY Miami, Fl 33156	
		Change from MGR to AMBR	Remove
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			N/A			
fan effecti <u>Note:</u> If t	date, if other that we date is listed, the date inserted in is effective date on	ate must be specific this block does n	e and cannot be prion of meet the applic	cable statutory filir	(opti nore than 90 days after ug requirements, thi	onal) filing.) Pursuant to 605.0 s date will not be listed
The 90	th day after th	e record is file	ed.			a.m. on the earlie
Dated	10-29	, 	2019	·	e of a member	
		_				

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Filing Fee: \$25.00