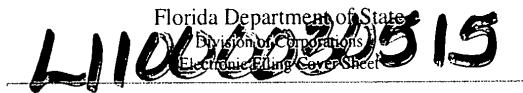
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JTCW INVESTMENTS LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JTCW INVESTMENTS LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our re- ned Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Compa	any were filed on 03/11/2011	and assigned		
Florida document number L11000030515				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	liability company here:			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "	'LLC' or the abbreviation "E.C."		
Enter new principal offices address, if applicable:		<u></u>		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>			
		<u>ਹ</u> : <u>-</u> -		
		<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>er</u>	nter the name of the new register		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street a	ddress		
	City	, FloridaZip Code		
New Registered Agent's Signature, if changing Registered Ag	ent:			
I hereby accept the appointment as registered agent and		I further agree to comply with t		
Thereby accept the appointment as registered agent and	determination of me letter	and Law familiar with and		

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ROLLO, BONNIE !, TRUSTEE OF THE CARMAN W. ROLLO TRUST	9100 SOUTH DIXIE HWY	□Add
		MIAMI, FL 33156	≅Remove
			□Change
			□Add
			□Remove
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Ffective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this bocument's effective date on the E	e date of filing: st be specific and cannot be prior to date of lock does not meet the applicable state of State's records.	(opt of filing or more than 90 days afte tutory filing requirements, th	tional) er filing.) Pursua is date will no	nt to 605.02 t be listed :
record specifies a delayed effective is filed.	ve date, but not an effective time, at	2:01 a.m. on the earlier of: (b) The 90th o	day after th
	2020			
ated March 27th	· · · · · · · · · · · · · · · · · · ·			
ated March 27th Low Durk	Signature of a member or authorized re			