# L11 0000 30515

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MAR 3 0 2020 S. YOUNG

### **COVER LETTER**

Division of Corporations						
	JTCW INVESTMENTS, LLC					
SUBJECT:	N	lame of Limited Liab	ility Company			
Dear Sir or Madam:						
The enclosed Statement of Correction	n and fee(s) a	re submitted for filing	<u> </u>			
Please return all correspondence con	cerning this n	natter to the following	<b>y</b> :			
Susan Deets, Esq.						
Name of P	'erson		-			
Susan Deets, PA						
Firm/Com	pany		-			
8900 SW 117 Avenue, Suite C208						
Address	s		-			
Miami, Florida						
City/State and	Zip Code		•			
sdeets64@aol.com						
E-mail address: (to be used for	future annual	report notification)	-			
For further information concerning t	his matter, ple	rase call:				
Susan Deets		305 ut (	270-3755			
Name of Person		CI-	Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the followi	ng amount:					
■\$25 Filing Fee □ \$30 Fili Certific	ng Fee & ate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy			

# 020 HAR 12 AM 8

# STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

<u>FIRST</u> :	: The name of the limited liability company is: ITCW INVESTMENTS, LLC	
SECON	ND: The Florida Document number of the limited liability company is: L11000030515	
THIRD	Articles of Amendment to Articles of Organization, filed 12/30/2019	ı <u>.                                    </u>
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEME)	<u>8T</u>
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the statement are as follows:	corrected
	Bonnie I. Rollo, trustee of the Carman W. Rollo Trust, was indicated as AMBR. That is incorrect. Bonnie I.	Rollo
	is not an authorized member. The correct tile for Bonnie I. Rollo, trustee of the Carman W. Rollo Trust is	
	MBR. The records should reflect same. A copy of the incorrect filing is attached hereto.	
	OR	
	Was defectively signed. The manner in which the document was defectively signed and the appropriate as follows:	e correction are
	<u>OR</u>	
Ø	The electronic transmission of the record was defective.  2-5-20  Signature of Authorized Representative  Date	20
-	ire of new registered agent. 4f applicable :( NOTE; if correcting the registered agent, the new registered a ng the designation).	gent must sign
l hereby provisio obligatio	egistered Agent's Signature, if changing Registered Agent; y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with a ions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being a change in the registered office address, I hereby confirm that the limited liability company has been not change.	md accept the filed to merely
	Registered Agent's Signature	

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)

CR2E062 (9/15)

#### **COVER LETTER**

		stration Sec sion of Corp				
SUBJEC		ITCW INVE	STMENTS, LLC			
			Name of Limit	ted Liability Company		
The enclo	oscd	Anicles of A	mendment and fee(s) are subm	nitted for filing.		
Please ref	tum	all correspon	dence concerning this matter t	o the following:		
			Susan Deets, Esq.			
				Name of Person		-
			Susan Deets, PA			
				Firm/Company	·	=
8900 SW 117 Avenue, Suite C208						
				Address		-
			Miami, Fl 33186			
			sdeets64@aol.com	City/State and Zip Code		-
			E-mail address: (t	o be used for future annual re	eport notification)	
For furthe	ទ ពេទ	ormation co	ncerning this matter, please ca	dl:		
Susan Dei	ะเร			305 270- at ()	-3755	
		Name of I	Person	Area Code	Daytime Telephone Numb	er
Enclosed i	s a c	heck for the	following amount:			
\$25.00	) Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certifi losed) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

JTCW INVESTMENTS LLC			
(Name of the Lim	ted Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L11000030515	iability Company	were filed on March 11, 2011	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lial	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liah	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of			er the name of the r
Name of New Registered Agent:	N/A		·
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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Fitle</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, FI 33156	
		Change from MGR to AMBR	Remove
			■ Change
			Add
			Remove
			☐ Change
			☐ Remove
		·	☐ Change
<del></del>			
			Remove
			Change
		·	
			🗆 Remove
			Change
			🖸 Add
			🖸 Remove
			☐ Change

	The purpose is to change Bonnie I. Rollo, trustee of the Carman W. Rollo trust, from MGR to AMBR	<b></b>
•		<del></del>
•		
	·	
	·	
		— <del>-</del>
fan el Note:	N/A ctive date, if other than the date of filing:  [Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 1. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the early $0$ 0 and $0$ 1 are the record is filed.	arlier o
	10-29 2019	
Dated		
Dated	2019  Onn J. Rollo  Signature of a member or authorized representative of a member	<del>-</del>

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Filing Fee: \$25.00