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Florida Department of State

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: ROTHMAN & TOBIN, P.A. Account Name

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

ROTHMAN & TOBIN, P.A.

September 5, 2013

SUBJECT: JCRG, LLC REF: L11000100066

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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Joey Bryan Regulatory Specialist II FAX Aud. #: E13000196320 Letter Number: 013A00020908

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## **COVER LETTER**

TO: Registration Section Division of Corporations

JCRG, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael S. Tobin, Esq.

Rothman & Tobin PA

Firm/Company

11900 Biscayne Blvd. Suite 740

Miami, Florida 33181

City/State and Zip Code

mtobin@rothmanandtobin.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Tobin

at (305) 895-3225

Area Code & Daytime Telephone Number

Name of Person

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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

EILED WY31

OCKG IIC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company	were filed on 08-31-2011 and assigned
Florida document number L11000100066	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit"L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Euter new principal offices address, if applicable:	do Rothman + Tobin PA
(Principal office address MUST BE A STREET ADDRESS)	1900 Biscaugue Blud #740 Hiami, FL 33/81
Enter new mailing address, if applicable:	Rothman & Tobin PA
(Mailing address MAY BE A POST OFFICE BOX)	11900 Biscayne Blvd. Suite 740
	Miami, Florida 33181
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	<del></del>
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Dip code

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 = Mar		;	SECTION 1		
<u>Title</u>	Name	Address	pe of Action		
MGR	Jorge Luiz G Martins Da Rocha	16001 Collins Ave #1701	Add		
	·	Sunny Isles Beach, Florida 33160	Remove		
MGR	Claudia A Rocha	16001 Collins Ave #1701	Add		
		Sunny Isles Beach, Florida 33160	Remove		
MGR	Bystraya Finance Corp.	c/o Rothman+ Tobin PA	Add		
		C/o Rothman+ Tobin PA 1900 Biscayne Blud. # 740 Miami, Fi 33181	Remove  Add Remove		
			Add Remove		
			Add Remove		

D. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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<del></del>		
Dated		STATE OF THE PARTY
	Breek	,
	Signature of a member or authorized representative of a member	<del></del>
	Claudia Akel Rocha	
<del></del>	Typed or printed name of signee	<del></del>

Page 3 of 3

Filing Fee: \$25.00