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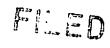
	istration Sec ision of Corp			
		nt Group LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	dence concerning this matter	to the following:	
		Jorge A Chirinos		
			Name of Person	
		JR Investment Group LLC		
		 	Firm/Company	
		10041 SW 16 ST		
			Address	
		Miami, FL 33165		
			City/State and Zip Code	
		jchirinos_us@yahoo.com		
		E-mail address: (to be used for future annual report notif	ication)
For further is	nformation co	ncerning this matter, please ca	all:	
Jorge A Chi	rinos		786 277-7898	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 1	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



JR Investment Group LLC

(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our i Limited Liability Company)	TRECALINGSEE, FI
The Articles of Organization for this Limited Liability C Florida document number $\frac{L11000132087}{L11000132087}$	Company were filed on 11/18/2011	~
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, enter the name of the ne
Name of New Registered Agent:		
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

Title	<u>Name</u>	Address	Type of Action
MGR	Rosario Apaza Butron	10041 SW 16 ST	
		Miami, FL 33165	
			□ Remove
			Change
			Add
			□ Remove
			□ Change
			Add
			Remove
			□ Change
			Add
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Note: 1	Te date, if other than to ctive date is listed, the date in f the date inserted in this int's effective date on the	block does not meet the	applicable statutory filing re	(optional) han 90 days after filing.) Pursuant to quirements, this date will not be	605,0207 listed as
	ord specifies a delay 90th day after the re		ut not an effective time	e, at 12:01 a.m. on the ea	arlier o
Dated	February 12	2019			
		Λ 1	_ 		

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Typed or printed name of signee

Filing Fee: \$25.00