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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ______ Jerco Investment LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Rainer N. Filthaut

Name of Person

IRC International Realty Corp.

Firm/Company

3838 Tamiami Trail N, Suite 416

Address

Naples, FL 34103

City/State and Zip Code

rainer@inter-realty.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rainer N. Filthaut Name of Person ____at (<u>239___)213-4000</u> Area Code Daytime Telephone Number

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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jerco Investmer	n LLC
(<u>Name of the Limited Liabili</u> (A Florid:	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were tiled on 12/27/2011 and assigned
Florida document number <u>L11000144398</u>	nt LLC <u>ty Company as it now appears on our records.</u>) a Limited Liability Company) Company were tiled on <u>12/27/2011</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limi</u>	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	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	d office address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Cuy Zup 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

i

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	Name	Address	<u>Type of Action</u>
MGR	Verda DeEskinazis	3838 Tamiami Tril N, Suite 416	[⊠∧dd
		Naples, FL 34113	🗆 Remove
			□Change
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			🗋 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ctive date, if other than the date of filing: (optio	nal) Ming) Pursuant to 605

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated06/07/2020		
		12-2-1
		Signature of a member or authorized representative of a member
		Rainer N. Filthaut

Typed or printed name of signee