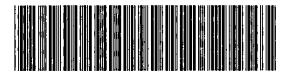
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(Re	questor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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WAR 2 JAM PARPIS

COVER LETTER

то:	Registration Second Division of Corp	ction porations		
eum u		GROUP LLC		
SUBJ	ECT:	Name of Limi	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Asi Topaz		
		·	Name of Person	
		AT Management		
Firm/Company				
		710 S Dixie Hwy #710A		
			Address	
		Hallandale FL, 33009		
			City/State and Zip Code	
		asi@atmanagementfl.com		4
For fu	rther information co	nncerning this matter, please ca	to be used for future annual report notifi all:	cauon)
Asi To	opaz		305 467-8209 at ()	
	Name of	Person	at ()at Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
\$2	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

2012 JACC GROUP LLC	
(<u>Name of the Limited Liability Company as it now appears</u> (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/2}{2}$ lorida document number $\frac{L12000046444}{2}$.	23/2017 and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company he	<u>re</u> :
he new name must be distinguishable and contain the words "Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	3 (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
	5 33
. If amending the registered agent and/or registered office address on egistered agent and/or the new registered office address here:	
	19. 30 STATE
Name of New Registered Agent:	0 %
New Registered Office Address:	
Enter Flori	ida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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>	<u>Name</u>	Address	Type of Action
MGR	KWACS DANIEL	710 SOUTH DIXIE HWY #710	
		HALLANDALE ,FL 33009	Remove
			Change
MGR	Kwacz Daniel	710 South Dixie Hwy #710	■ Adđ
		Hallandale FL, 33009	□ Remove
			Change
			□ Add
			Remove
			Change
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			Remove
			Change
			■ Remove जिल्ला
			Change STATE
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ective date, if other than the date effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Department.	does not meet the	he applicable stati	filing or more than utory filing requir	(optional) 90 days after filing.) I ements, this date w	Pursuant to 605.0
record specifies a delayed e ne 90th day after the record	fective date, is filed.	but not an eff	fective time, a	t 12:01 a.m. o	n the earlier
03/07	20	17	//		
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	nature of a membe	er or authorized rep	resentative of a men	nber	17 MAR

Page 3 of 3

Filing Fee: \$25.00