h12000125219

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100385496621

05 03 32 -013/2--014 ++25.00

2822 MAY -2 PM 3:50

JUN 2.3 2022 M. SOLOWON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUCALO LLC						
(Ame of the Limited	Liability Comp Florida Limited	any as it now appears on Liability Company)	our records.)			
The Articles of Organization for this Limited Liab Florida document number £12000125219		were filed on $\frac{10/02/2}{1}$	012	and assig	gned	
This amendment is submitted to amend the follow	ring:					
1 If amending name, enter the new name of t	he l <u>imited lial</u>	oility company here:				
MONEY TRUST INVESTMENT LLC						_
The new name must be distinguishable and contain the wor	ds "Limited Liab	ility Company," the design	ation "LLC" or the abbr	eviation "L.I.	.C.''	•
Enter new principal offices address, if applicab	ole:	N/A			~	-
(Principal office address MUST BE A STREET	ADDRESS)				25	-
					12	_
					<u></u> !	•
Enter new mailing address, if applicable:		N/A		3-1	~	•
	ov.				ń	, L
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>	35,	_ ;;	- 1
			· · · · · · · · · · · · · · · · · · ·		<u>5</u>	-
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office <u>here</u> :	address on our reco	ds, enter the name	of the new	registe	rec
Name of New Registered Agent:	N/A					_
New Registered Office Address:						_
		Enter Florida :	areet 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>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			☐Change
			
			□Remove
			☐Change
			□Add
			Removes
			□ Remove
		<u></u>	□Change
			□Remove
		 	□Change
			JAdd
			□Remove
			□Change

				·					_
									
									_
							<u>.</u>		-
									_
			-						
								i Ser at	2652
					<u>-</u>				_58 ¥
							<u></u>		HAY -
								- 1	2 Piń
					· · · · · · · · · · · · · · · · · · ·				_ 그: -
						 .		· `*-	_ =
				<u></u>					
(If an effective Note: If the	ate, if other than date is listed, the date date inserted in the effective date on the	must be specific is block does n	and cannot be post of meet the ap	prior to date of plicable stati	filing or more story filing re	than 90 days :	ptional) fter filing.+P this date wi	ursuant to (605.020 listed a
document's		ective date, but	not an effecti	ve time, at 12	2:01 a.m. on	he earlier of	(b) The 9	0th day a	ifter the
document's of the record spectrecord is filed.	cifies a delayed eff								
If the record spectrecord is filed.	cifies a delayed eff		·		j J				
If the record spectrecord is filed.		- <u>2022</u>	of a member of	anthoffzed ren	Jaresentative of	a member			

Filing Fee: \$25.00