Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FONSECA & ASSOCIATES, INC

Account Number : I20100000066

Phone : (786) 514-3837

Fax Number

; (305)223-1156

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JACR INVESTMENTS, LLC

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FEB - 7 2013

T. HAMPTON

FONSECA AND ASSOCIAT

H14000029694

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF JACR INVESTMENTS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/21/2014 Florida document number L1400001 1033

This amendment is submitted to amend the following:

Α.	If amending na	ame, enter the	new name of	the limited	liability compan	v here:
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The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office 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.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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02/05/2014 21:32

MGR = Manager

3052231156 FT 1 4000 FONSECA AND ASSOCIAT

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member						
<u>Title</u>	Name	Address	Type of Action			
AMBR	JUAN JOSE HERMAN	6877 NW 179th ST APT-1	06_ _{■ Add}			
		HIALEAH, FL 33015	□ Remove			
			Add			
			☐ Remove			
_			🗖 Add			
			□ Remove			
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			> □ Add			
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			☐ Remove			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated JANUARY 04 Signature of a member or authorized representative of a member

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JOSE ANGEL CRUZ Typed or printed name of signee

Filing Fee: \$25.00