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SECRETARY OF STATE TALLAHASSEE, FLOEIDA

MAY 1 8 2016 S. YOUNG

COVER LETTER

TO: Registration S Division of Co					
	ESTMENT GROUP L.L.C.				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Martin Clarke				
	-	Name of Person			
	Urban Pulse Direct				
		Firm/Company	 _		
	P.O. BOX 171542				
		Address			
	HIALEAH, FL 33017				
		City/State and Zip Code			T
	arban po	J Sedirect 3 @Y to be used for future annual report notific	ahoo.com	16 APR	
For further information	concerning this matter, please c		ation	R 17	ENT.
Martin Clarke		954 554-4555 at ()		PH 12:	
Name	of Person		Telephone Number	2: 52	STATE
Enclosed is a check for	he 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 enclose		

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

J&C INVESTMENT GROUP L.L.C.	
(Name of the Limited Liability Company as it (A Florida Limited Liability)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	led on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
URBAN PULSE DIRECT L.L.C	
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6 25
(Principal office address MUST BE A STREET ADDRESS)	PR SET
	2 79
Enter new mailing address, if applicable:	PH COS
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	ldress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	B. G. V.
	Enter Florida street address
	Florida

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

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□ Change
			□ Add
			Remove Remove ALLAH
			Change
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Effective date, if other than the date (If an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department.	e specific and cann k does not meet t	the applicabl	date of filing or mo e statutory filing	ore than 90 days afte	ional) or filing.) Pursuant is date will not b	to 605.0207 (3 e listed as th
the record specifies a delayed) The 90th day after the reco	effective date d is filed.	, but not a	ın effective ti	me, at 12:01	a.m. on the e	earlier of:
Dated		016				
_	actor C	721				
- M	ignature of a memb	per or authoriz	ed representative	of a member		_

Page 3 of 3

Filing Fee: \$25.00