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COVER LETTER

Divisio	n of Corp	orations			
JC SUBJECT:	M Funds, I	LLC			
		Name of Lim	ited Liability Company		_
The enclosed A	rticles of A	mendment and fec(s) are sub-	mitted for filing.		
Please return all	correspond	dence concerning this matter	to the following:		
		Justin C. Mayhugh			
			Name of Person		
			Firm/Company		
		13420 Ponderosa Way			
			Address		
		Fort Myers, FL 33907			
			City/State and Zip Code		
		chase@mayhughrealty.com			
		E-mail address: (to be used for future annual	report notification)	
For further infor	rmation cor	ncerning this matter, please ca	all:		
Justin C. Mayhı	ugh		239 89 at ()	8-9685	
	Name of I	Person	Area Code	Daytime Telephone Nur	nber
Enclosed is a ch	eck for the	following amount:			
■ \$25.00 Filin	ig Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is end	Certi closed) Certi	O Filing Fee, ficate of Status & fied Copy ional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

FILED

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DECRETARY OF STATE
TALLAHASSEE, FLORIDA

医细胞管毒

JCM Funds, 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 Co	ompany were filed on 12/11/2015	and assigned
Florida document number L15000206880	, - ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Justin C. Mayhugh, LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" of	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) B. If amending the registered agent and/or regist registered agent and/or the new registered office address.	tered office address on our records,	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	City	ida 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:

<u>Title</u>	Name	Address		Type of Action
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ne record specifies a delayed o The 90th day after the recor	effective date, but not and is filed.	effective time, at 12	:01 a.m. on the earli	ier of:
	2016			
January 1	2010			
Dated	, 2010			

Page 3 of 3

Filing Fee: \$25.00