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## **COVER LETTER**

Division of Corporations
SUBJECT: JGT of PALM BEACH LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael MASEM Name of Person
JOJ PALM BEACH LLC
1615 S CONGRESS AVE # 103
DELRAY BEACH FL 33445 ' City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael MASEM a1 (561) 299 0862
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional 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

JGI OF PALM BEACH 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 7 2516 and assigned Florida document number 14600013903
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
MASEM FAMILY GROUP LLC  The new name must be distinguishable and contain the words "Limited Liability 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)  DEUR PY REACH FL 33445
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  DELRAY BCh FL 33445
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: MichAEL MASEM
New Registered Office Address: 1615 S CONGRESS AVE #103  Enter Florida street address
DELRA BCh, Florida 33445  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 = M $AMBR = A$	MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
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			□ Remove			
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D.	If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E.	(If an ei Note:	tive date, if other than the date of filing:  91516 (optional)  flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.	07 (3)(b as the
		ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier $\alpha$ goth day after the record is filed.	of:
	Dated	SEPTEMBER 12th. 2016	
		Signature of a member or authorized representative of a member	
		MICHAEL MASEM Typed or printed name of signee	

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Filing Fee: \$25.00