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TO: Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Divi	ision of Cor	porations		
	GRUPO J&	G INVESTMENT, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		BONL Rock	Name of Person	
			Firm/Company	
		8200 Nw 4	Address	<u></u>
		Doral, FL	33166	
		INFOE roc	33166 City/State and Zip Code Ani GN EAT Contobe used for future annual report notif	ication)
For further in	dormation e	oncerning this matter, please ec		
RAUL ROD	RIGUEZ		786 5012021 at () Daytime	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	ne following amount:		
図 \$25.00 F	iling 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 enclosed)
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURI Registration Section Division of Corpora	n

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRUPO J&G INVESTMENT, LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)			
he Articles of Organization for this Limited Liability Compan lorida document number $\frac{L16000222611}{L16000222611}$.	y were filed on <u>12/08/2016</u>	and assigned		
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited lia	bility company here:			
INANCING CAPITAL ALLIANCE, LLC				
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."		
nter new principal offices address, if applicable:	135 WESTON ROAD			
Principal office address MUST BE A STREET ADDRESS)	STE 158			
	WESTON, FLORIDA 33326	C.S.		
nter new mailing address, if applicable:	N/A	, C		
Mailing address MAY BE A POST OFFICE BOX)		<u>.</u> <u>.</u>		
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address he		a: nater the name of the		
Name of New Registered Agent: N/A				
New Registered Office Address:	Enter Florida street address			
·	, Florid:			
	City	Zio 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. Thereby 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added_or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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