L16000233490

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COVER LETTER

Division of Co			
JRT INVE	STMENT GROUP LLC		
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joseph E. Seagle		
	·	Name of Person	
	Joseph F., Seagle, P.A.		
		Firm/Company	
	924 W Colonial Dr		
		Address	
	Orlando, FL 32804		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report nonfi	ication)
For further information of	concerning this matter, please c	all:	
Joe Seagle		407 770-0100	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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 enclosed

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

JRT INVESTMENT GROUP LLC		
(Name of the Limi	ted Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited L Florida document number <u>L16000233490</u>	iability Company were filed on 12/29/.	2016 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
Multiplix Business LLC		
The new name must be distinguishable and contain the	vords "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	The state of the s
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on ou	or records, enter the name of the new
Name of New Registered Agent:	Rafael Napoleao	
New Registered Office Address:	471 Las Fuentes Dr	
	Enter Florida :	street 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.

Cuv

Orlando

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3



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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CN Capital Group	2211 W Washington St	
		Orlando, FL 32805	
			Remove
			□ Change
			□ Remove
			☐ Change
			Add
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			Change
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fective date, if other than the	date of filing:		(optional)	
n effective date is listed, the date mus <u>ste:</u> If the date inserted in this blo	t be specific and cannot be p ock does not meet the app	rior to date of filing or more blicable statutory filing re	than 90 days after filing.) Pursuan equirements, this date will not	it to 605.0207 be listed as
cument's effective date on the D	epartment of State's reco	rds.	•	
record specifies a delayed The 90th day after the rec	l effective date, but	not an effective tim	ie, at 12:01 a.m. on the	earlier of
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

