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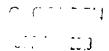
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COVER LETTER

SUBJECT: J-OC	HOLDINGS	S GROUP, LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	mitted for filing.	
Please return all corresponder	nce concerning this matter t	o the following:	
			12.
-	NIC	OLE DUN (OMBE-	RICHARDSON
-	J-OC HOLD	INGS GROUP, LI	<u></u>
		Firm/Company	
_	8660 SOUTH	IAMPIUNI DRIVE	
		Address	
	MIRAMAR	FLORIDA 330 City/State and Zip Code	25
		· · ·	
_	Jochold E-mail address: (to	inasgroup@gmail. o belied for future annual report notifica	(om ation)
For further information conce	rning this matter, please ca	II:	
NUCALTAN	10000 - 2000	000042112 1150	3120
Name of Per		A-R1)SN 2-42, 4-57 (Area Code Daytime T	Celephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	1 \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		••	(additional copy is enclosed
MAILING	ADDDFSS.	STD FFT/COUDIFI	D ADDRESS:

MAILING ADDRESS:

Registration Section

Division of Corporations 64

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

TO ARTICLES OF ORGANIZATION **OF**

	DINGS GROUP, LLC 2019 DEL
(Name of the	Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limite	ed Liability Company were filed on MAY 18, 2017 and 108 853
This amendment is submitted to amend the	following:
1. If amending name, enter the new nar	ne of the limited liability company here:
The new name must be distinguishable and contain	the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if ap	oplicable:
Principal office address MUST BE A ST	REET ADDRESS)
Enter new mailing address, if applicable	:
Mailing address MAY BE A POST OFF	
**	
B. If amending the registered agent registered agent and/or the new registered	and/or registered office address on our records, enter the named office address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City Zip Coc

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to conprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabi company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Ag

MGR = Ma $AMBR = Au$	nager thorized Member			
<u>Title</u>	<u>Name</u>		Address	Ty
AMBR MGR	MICOLE	DUNCOMBE-	8660 SOUTHAMPTON DR	NE 0
		121211-D3014	MIRAMAR, FL 33025	<u> </u>
AMBIR				
	NICOLE	N. RICHARDSO	N 8660 SOUTHAMPTON [RIVERX
			MIRAMAR, FL 33025	
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or removed from our records:

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iffec	tive date, if other than the date of filing: (optional)	1
	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a nent's effective date on the Department of State's records.	not be
ocui	nent's effective date on the Department of State's records.	
~ - <i>-</i>	cord enecifies a delayed effective date, but not an effective time, at 12:01 a.m. on t	ا م
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t	ne e
1111	e 90th day after the record is filed.	j
	vi.	1
	18th September, 2019	-
Jatec	- Jepiemar, 2019.	
	K	1
		-
	Signature of a member or authorized representative of a member	
	organizate of a memori of additional tepresentative of a memori	1
	NICOLE DUNCOMBE-RICHARD	SON
	Typed or printed name of signee	┪
		1
		- 1

Page 3 of 3

Filing Fee: \$25.00