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Amend

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COVER LETTER

TO:	Registration S Division of Co						
elib <i>ic</i> a	JMEA Investment Group LLC						
SUBJE	∪1; <u> </u>	Name of Lim	ited Liability Company	4-W75 9			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Joseph Varela					
		·	Name of Person				
			Firm/Company				
		12360 SW 132 Court, Suite	214				
		Miami, Florida 33186	Address				
		varela6312@aol.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report notif	ication)			
For furth	ner information o	concerning this matter, please ca	all:				
Joseph	Varela		305 720-6977				
	Name o	of Person		Telephone Number			
Enclosed	i 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:

TO:

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

JMEA Investment Group LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability (and assigned
	·	
e Articles of Organization for this Limited Liability Company were filed on 5/18/2017 and assigned orida document number		
A. If amending name, enter the new name of the lin	nited liability company here:	
The navename must be distinguishable and contain the words "Lie	stind Liability Company "the designation of I	C'' or the althousiesies W. I. C. Y.
<u>-</u>	inted Liability Company, the designation Li.	.C of the aboreviation 1L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	<u> </u>
		1
Enter new mailing address, if applicable:		-p ! ! ! !
(Mailing address MAY BE A POST OFFICE BOX)		3
		0
		,-
B. If amending the registered agent and/or regi	stered office address on our record	ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addr	ess
	C	Florida
	City , F	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Joseph Varela	12360 SW 132 Court, Suite 214 Miami, Florida 33186	= Add
			Remove
			Change
MGR	Maria D. Varela Barreto	12360 SW 132 Court, Suite 214 Miami, Florida 33186	■ Add
			Remove
			Change
	-		Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change
			Remove
			Change
			
			Remove
			□ Change

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n effective date is te: If the date	f other than the of slisted, the date must inserted in this blo live date on the De	be specific and ck does not me	cannot be prior to cet the applicabl	date of filing or n	iore than 90 days	after filing.) Pursu	
record spec The 90th day	ifies a delayed y after the reco	effective da ord is filed.	ate, but not a	in effective t	ime, at 12:	01 a.m. on th	ne earlier o
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5		IW a	ember or authoriz				

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