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(Re	equestor's Name)	
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S. WARREN
'JUL 27 2017

COVER LETTER.

TO: Registration Section Division of Corporations
SUBJECT: JPG TAVESTMENTS 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:
CARLOS T. DE PANA JR. Name of Person
JPG INVESTMENTS LLC Firm/Company
1021 ADUANA AVE Address
CORAL CIABLES F1 33 146 City/State and Zip Code
E-mail address: (to be good for future annual report notification)
For further information concerning this matter, please call:
Rosent De La Dwa at (305) 484 366 6 Name of Person Area Code Daytime Telephone Number
Area code Dayanie reseptione Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

JPG INVESTMENT	rs LLC	_
(Name of the Limited Liability (A Florida L	Company as it now appears on ou imited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Cor	npany were filed on $6/$	and assigned
Florida document number 117 000/233 90		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
Enter new malling address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	red office address on our	records, enter the name of the nev
registered agent and/or the new registered office addre		<u></u>
Name of New Registered Agent:		
New Registered Office Address:	P. D. L.	
	Enter Florida stre	et address
	Cin	, Florida Zip Code
New Registered Agent's Signature, if changing Registered A	•	- - -
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and confacept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	iplete performance of my du nt as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or: if this Locument is
ī	If Changing Registered Agent, <u>Si</u>	BA £

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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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		CORAL GABLES, F/ 33.	146 PRemove
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Filing Fee: \$25.00