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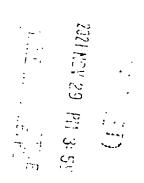
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A. BUTLER
DEC 1 4 2021

COVER LETTER

107.		sion of Corpo			
CHDIE	CT.	; JC REALTY	INVECTORS LLC	:	
SUBIL	(, i ; _	·	Name of Lim	ited Liability Company	
The encl	losed .	Anicles of A	mendment and fee(s) are sub-	mitted for filing.	
Please ro	ខាមការ ខ	all correspond	dence concerning this matter	to the following:	
			Scott Jan	Name of Person	
				Name of Person	
			<u> </u>	Firm/Company	
			1620 NW 147th S	PDT Address	
			MAM: FL 3316	City/State and Zip Code	
			E-mail address: (t	to be used for future annual report notif	fication)
			ncerning this matter, please ca		
50	stt	Jean	Darron	at 785 419 2079 Area Code Dayting	7
		rank or r	Crson	Area Code Dayona	. receptoile (vuinte)
Enclosed	d is a c	check for the	following amount:		
⊒ \$25.	.00 Fi	ling Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
		ing Address: stration Se	ection	Street Address: Registration Sec	ction
Registration Section Division of Corporations				Division of Corporations	
P.O. Box 6327				The Centre of T	allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC REALTY INVECTORS LLC (Name of the Limited Liability Compa (A Florida Limited I	2521127 29 PH 3: 59
(A Florida Limited I The Articles of Organization for this Limited Liability Company Florida document number <u>Li7600173606</u> This amendment is submitted to amend the following:	·-
A. If amending name, enter the new name of the limited liab	ility company here:
JC 151 SOLUTIONS ILG. The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	848 Brickell Avenue Perthouse S, Miam. FL 33131
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Perthouse 5, Mani, FL 33131
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City 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>	Address	Type of Action		
			□Add		
			□Remove		
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ii amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	e date, if other than the date of filing:
the record ford is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated	Yovenher 24 2021
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member
	Gelt Tena
	Typed or printed name of signee

Filing Fee: \$25.00