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TO:	Registration Division of C			
SUBJEC	The J. Pa	arker Group IILC		
		Name of Lir	mited Liability Company	
The encl	losed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please re	turn all corres	spondence concerning this matter	r to the following:	
		Jonathan Rodriguez		
			Name of Person	
		The J. Parker Group		
			Finn/Company	
		5542 West Atlantic Ave 2	214	
			Address	
		Delraý Beach FL 33484		
			City/State and Zip Code	
		Jonathan.Rodriguez@live.	com (to be used for future annual report noti	6
For furth	er information	a concerning this matter, please of		neation
	n Rodriguez		617 866.7706	
	Name	e of Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for	r the following amount:		
\$25.6	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)

MAHLING 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

The J. Parker Group LLC		
(Name of the Limited Li (A F)	ability Company as it now appears on orida Limited Liability Company)	our records.)
· ·		
The Articles of Organization for this Limited Liabili	ty Company were filed on Noven	ther 8, 2017 and assigned
Florida document number L17000230975		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	sation "LLC" or the abtraviation "LLC."
Production of the Control of the Con	-	与号 型
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET AL	ODRESS)	- 10 to 10 t
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
`		
B. If amending the registered agent and/or r		r records, enter the name of the new
registered agent and/or the new registered office :	address here:	
Name of New Registered Agent:		
New Registered Office Address:		
Tight Registered Office Address.	Enter Florida s	treet address
		, Florida
-	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	
I hereby accept the appointment as registered ag	ant and agree to get to this can	wite I find an arrea to comple with the
provisions of all statutes relative to the proper an	ent and agree to act in this cape id complete performance of my	duties, and I am familiar with and
accept the obligations of my position as registere	d agent as provided for in Chaj	oter 605, F.S. Or, if this document is
heing filed to merely reflect a change in the regis		onfirm that the limited liability
company has been notified in writing of this char	ige.	

Page F of 3

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
MGR	Jonathan Rodriguez		□ Add
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Page 3 of 3

Filing Fee: \$25.00