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## COVER LETTER

TO: Registration Se Division of Cor			
CUBICCE.	Jolemas I	- westments	LLC
SUBJECT:	Jolemaz I.	ted Liability Company	
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The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Joh	Name of Person	
	Jole	Maz INV	DR.
		Firm/Company	
	6217	NW 36	br.
	Gar	nesulle F	2 32653  Gmail.com report notification)
		City/State and Zip Code	,
	penal	realtor 1 @	gmail.com
		sumban.	report notification)
	oncerning this matter, please ca		·
John N	. Pena	at ( <b>352</b> )	215-8188  Daytime Telephone Number
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is er	Certificate of Status &
	ING ADDRESS:		T/COURIER ADDRESS:
	ration Section on of Corporations		uton Section n of Corporations
P.O. B	ox 6327	Clifton	Building
Tallaha	assee, FL 32314		vecutive Center Circle ssee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOLEMAZ IN	VESTMENTS LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it row appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 4/700025/539	were filed on $2-08-17$ and assigned	d
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	N/A 5	SECRE TALLA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PM PM 93	TARY OF STATE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he new
Name of New Registered Agent:	1//	
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as period being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with an provided for in Chapter 605, F.S. Or, if this documen	d
If Char	nging Registered Agent. Signature of New Registered Agent	

Page 1 of 3

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 **Type of Action** <u>Name</u> **Address Title** □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change \_□ Add ☐ Remove ☐ Change Page 2 of 3

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Page 3 of 3

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