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SECRETARY OF STATE TALLAHASSEE, I'LORIDA

COVER LETTER

Division of Cor	porations		
	ESTMENT GROUP, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	o the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N. Brand Blvd., 11tl	n Floor	
		Address	
	Glendale, CA 91203		
	jimgcapt330@gmail.com	City/State and Zip Code	
		o be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	all:	
Cheyenne Moseley		800 773-0888 ex	a. 9724
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed 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)
	ING ADDRESS:	STREET/COURII Registration Section	

Registration Section

TO:

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JCG INVESTMENT GROUP, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{1.18000041567}{1.18000041567}$.	pany were filed on 02/15/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		AHASSEE, F
(Mailing address MAY BE A POST OFFICE BOX)		7: 10 A
B. If amending the registered agent and/or registered agent and/or the new registered office address	ed office address on our records, s here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	James Gainnotti	210 Tresana Blvd. #20	□ Add
		Jupiter, FL 33478	⊠ Remove
AMBR	Christine Gainnotti	210 Tresana Blvd. #20	
		Jupiter, FL 33478	✓ Remove
AMBR	James Giannotti	210 Tresana Blvd. #20	✓ Add
		Jupiter, FL 33478	Remove
AMBR	Christine Giannotti	210 Tresana Blvd. #20	Z Add
		Jupiter, FL 33478	Remove
			Remove
			Add
- 			Remove

				
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