## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

()

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 ·

Phone

: (551)694-8107

Fax Number

: (561)694-1639

\*\*Enter the email address for this business entity to be used for Futur annual report mailings. Enter only one email address please. Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JILACAR INVESTMENTS LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JILACAR INVESTMENTS LL			
(Name of the Li	mited Liability Company as (A Florida Limited Liabili	it now appears on our records.) by Company)	
The Articles of Organization for this Limited Florida document number L18000063712			and assigned
This amendment is submitted to amend the fa	llowing:		
A. If amending name, enter the new name	of the limited liability o	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	npany," the designation "LLC" or	he abbreviation "LLC"
Enter new principal offices address, if appl		• • • • • • • • • • • • • • • • • • •	D.M.C.
(Principal office address MUST BE A STRE			
-			18
Enter new mailing address, if applicable:			<b>5</b>
(Mailing address MAY BE A POST OFFICE	BOX)		38
			3
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office a	ddress on our records, <u>en</u>	ter the name of the nev
Name of New Registered Agent:	JULIE GUERRA		
New Registered Office Address:	3180 FORT CHARLE	S DR.	
		Enter Florida street address	
	NAPLES	, Florida	34102
Now Desirement 4 mate 6	Cit	у	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 Repistered 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

Title	<u>Name</u>	Address	Type of Action
MGR	DR. JAMES J. GUERRA	3180 FORT CHARLES DRIVE	2,000,000
		NAPLES, FL 34102	
MGR	JULIE GUERRA	2150 CODT (W. D. D. D. D.	Change
		3180 FORT CHARLES DRIVE	
		NAPLES, FL 34102	Remove
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Dated 1//3	<del></del>	. 2018	·				
( Jind	i 1/2						
	Signature of a	member or author	rized representat	ive of a member			
•							

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