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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	CT.	JMH INVESTMENT GR	OUP, LLC			
30001	<u></u>	Name of Lin	nited Liability Company			
		Amendment and fee(s) are sub indence concerning this matter	_			
		ANTONIO GONZALEZ				
			Name of Person	-		
		GONZALEZ & ASSOCIA	ATES III. INC		2019 P SEC 1 ALI	
Firm/Company				超易	-n. :	
	1820 N CORPORATE LAKES BLVD STE 204				26 *SSE	E A A
			Address			
		WESTON, FL 33326	,		2019 MAR 26 PM 12: 13 SECRETARY OF STATE TALL ARRASSES, FLORD	
City/State and Zip Code AGONZALEZ@AMEFINANCIALGROUP.COM				÷11 W		
		E-mail address: (to be used for future annual report notif	fication)		
For furt	ther information co	oncerning this matter, please ca	all:			
ANTO	ONIO GONZALE	z	954 773-7286			
	Name of	Person	at () Area Code Daytime	e Telephone Number		
Enclose	ed is a check for th	e following amount:				
\$25.00 Filing Fee \$ Saloo Filing Fee & Certificate of Status		□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
		NG ADDRESS:	STREET/COURII			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HINVESTMENT	1			
(<u>Name of the Lin</u>	ited Liability Comr (A Florida Limited	any as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Florida document number	Liability Compan	any were filed on and assigned			
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited lia	bility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the design	ation "LLC" or the abbreviation "LLC."		
Enter new principal offices address, if appli		N/A	9 HAR		
(Principal office address MUST BE A STRE	ET ADDRESS)	I			
Enton popu moiling address in the little		N/A	PH 12:		
Enter new mailing address, if applicable:		1411			
(Mailing address MAY BE A POST OFFICE	E BOX)	 	· · · · · · · · · · · · · · · · · · ·		
					
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address he	office address on our re:	records, enter the name of the new		
Name of New Registered Agent:	N/A	!			
New Registered Office Address:	<u>N</u> /A	1			
		Enter Florida street address			
			, Florida		
		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>	<u>Addrėss</u>	Type of Action
		N/A	
			Remove
			Change
			
			□ Remove
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etive date, if other than the deffective date is listed, the date must be If the date inserted in this blockment's effective date on the Dep	k does not meet the artment of State's re	applicable statutory filin ecords.	g requirements, this da	te will not be list	ted as th	Syb) Ie
ecord specifies a delayed and 90th day after the record	effective date, b d is filed.	ut not an effective t	ime, at 12:01 a.m	i, on the earli	er of:	
d MARCH 20	2019					
Lien	of Henry	an de	of a member			
· · ·		or manner of representation	. VI & IBCINOCI			
JUAN HERNANDEZ M	GR					

Page 3 of 3

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