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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	JLJV2, LLC			
SCHOOLST.	,	Name of Limi	ited Liability Company	
The enclosed	Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		JUAN URBINA		
			Name of Person	
			Firm/Company	<u> </u>
		9112 LIMETREE LANE		
			Address	
		PEMBROKE PINES, FL 3	33024	
			City/State and Zip Code	
		jrmoneysolutions@gmail.co		
		E-mail address: ()	to be used for future annual report notif	ication)
For further in	nformation co	ncerning this matter, please ca	all:	
JUAN URB	INA		305 753-7393	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	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)

MAILING ADDRESS:

TO:

Registration Section

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

JLJV2, LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L18000289444	mpany were filed on 12/18/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		到是一个
B. If amending the registered agent and/or registered agent and/or the new registered office addre		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	City , r lot l	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>	Address	Type of Action
MCD	LESLIE VARGAS	9112 LIMETREE LANE	
MGR			
		PEMBROKE PINES, FL 33024	
		-	■ Remove
		<u> </u>	Change
MGR	JUAN URBINA	9112 LIMETREE LANE	
———			Add
		PEMBROKE PINES, FL 33024	
			■ Remove
			☐ Change
	NORTH WEST HOMES, LLC	17401 NE 6TH AVE	
MGRM			Add
		MIAMI, FL 33162	
			☐ Remove
			☐ Change
		- 511.11.1	u Change
MGRM	SIMPLE INVESTMENT SOLUTIONS LLC	9112 LIMETREE LANE PEMBROKE PINES, FL 33024	■ Add
		PEMBRORE FINES, FC 33024	Add
			☐ Remove
			☐ Change
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			☐ Change

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Typed or printed name of signee

Filing Fee: \$25.00