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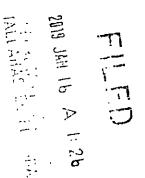
(Re	questor's Name)	-
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration S Division of Co			
JZ Jaguar	Group LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	of Amendment and fee(s) are subt	nitted for filing.	
Please return all corresp	oondence concerning this matter t	to the following:	
	Wendy Zaccaria		
		Name of Person	
			5 28
		Firm/Company	
	1535 Long Pond Dr		- 15 F 177
		Address	
	Valrico FL 33594		A 1 2
	wendyzaccaria94@gmail.co	City/State and Zip Code om	हुआ: ठ
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	ill:	
Wendy Zaccaria		814 280-2865 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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)

MAILING ADDRESS: 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

JZ Jaguar Group LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L1900 000 1060</u>	were filed on $12/27/18$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	22119
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	D 7
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
	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>	Name	Address	Type of Action
AMBR	Naser Josh	1535 Long Pond Dr Valrico .FL 33594	
			Remove
			☐ Change
			□ Remove
			El Change
			Change 7
		 	Remove 2
			Add
			Remove
		 	Change
			□ Add
			Remove
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Page 3 of 3

Filing Fee: \$25.00