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Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : COMPANY COMBO, LLC

Account Number : 120160000033 Phone : (866)428-2030

Fax Number : (407)308-0481

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COPINI GROUP, LLC

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Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COPINI GROUP, LLC

(Name of the Limited Linbility Contra (A Florida Limited)	ny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000046601</u>	were filed on 15/02/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
GROUP JIC LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2022
		22 \$
		5. TO 1
Enter new mailing address, if applicable:		22
(Mailing address MAY BE A POST OFFICE BOX)		SSU A
1		
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Negistered Office Address.	Enter Florida street add	Press
		Florida
	Сиу	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page: 4 of 6 2022-09-22 19:34:56 GMT 14073080481 From: Diego Sampaio

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

o:

Title	<u>Name</u>	Address	Type of Action
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			DAdd
			□Remove
			Change Change Ad EP 2 2ve Remove Change
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document's effective date on the	Department of	State Silecord	S.					
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Typed or printed name of signee

TO:

Registration Section

COVER LETTER

Division of Cor	rporations			
	ROUP, LLC			
SUBJECT:	Name of Line	uted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	unitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following.		. 2
·	_	•		12. SEP 22
	ALLY ARRIOLA			ZZ SEP ZZ AF FALL AFFASSI
		Name of Person		22 Hiv
	GLOBALFY, LLC			SSEE, F
		Firm/Company		
	7345 W SAND LAKE RE	STE 210		
		Address	· · · · · · · · · · · · · · · · · · ·	
	ORLANDO, FLORIDA.	32819		
		City/State and Zip Code		
	DOCS@GLOBALFY.COM			
	E-mail address: (to be used for future annual report noti	fication)	
For further information of	concerning this matter, please c	all:		
ALLY A		866 4282030 at ()		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30 00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Torporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 8	10