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(Re	questor's Name)	
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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Se Division of Cor						
	ONSULTING LLC					
30bJEC1:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	JAIRO L GARCIA R	ODRIGUEZ				
	-	Name of Person				
	JRKC CONSULTING	G LLC				
		Firm/Company				
	5515 LEGACY CRE	SCENT PL UNIT 201				
		Address				
	RIVERVIEW FL, 33	578				
	JGINFINITYCONSU	City/State and Zip Code LTING@GMAIL.COM				
	E-mail address: (to be used for future annual report notification)			
For further information c	oncerning this matter, please c	all:				
JAIRO L GARCIA	RODRIGUEZ	727 600 1838				
Name o	f Person	at () Area Code Daytime Telep	hone Number			
Enclosed is a check for the	ne 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		Street Address:				
Registration S Division of C		Registration Section Division of Corporations				
P.O. Box 632	-	The Centre of Tallah				
Tallahassee. I		2415 N. Monroe Stre				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JRKC CONSULTING LLC

(Name of the Limited Liability Compan (A Florida Limited L.	y as it now appears on our relability Company)	ecords.)
The Articles of Organization for this Limited Liability Company via Florida document number 1.19000075068 This amendment is submitted to amend the following:	were filed on	and assigned 7770 CT 2
A. If amending name, enter the new name of the limited liabil	lity company here:	-
JG INFINITY CONSULTING LLC		Pa
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:		"LLC" or the abbreviation "المنظ"C." PL UNIT 201 RIVERVIEW FL_33578
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:		PL UNIT 201 RIVERVIEW FL. 33578 nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my dutie rovided for in Chapter (s, and I am familiar with and 605, F.S. Or. if this document is

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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
			□ Change
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cord specit s filed.	ies a delayed	effective date.	, but not a	an effective	e time, at 1	2:01 a.m. c	n the earlic	r of: (b)	The 90th da	y after the
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