## 119000118546

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POLISION OF CORPORATIONS

SECRETARY OF STATE

THE THE

RECEIVED

## **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 05/11/2022

D	ate:	05/11/2022	- wil >W
	<del></del>	Acc#I2016000007	
Name:	Jacoba Ir	nvestments, LLC	
Document #:			
Order #:	14325172	2	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			<u> </u>
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amoui	nt:\$ 25.00	
		Thank you!	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 11 AM 8: 44

Jacoba Investments, LLC		SECRETARY OF STATE Liability Company)			
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now appears on our r Liability Company)	ecordsDALLAHASSEE, FL		
The Articles of Organization for this Limited Lie Florida document number L19000118546	ability Company	were filed on May 8, 2019	and assigned		
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applica	able:	4625 Island Reef Drive			
(Principal office address MUST BE A STREET ADDRESS)		Wellington, FL 33449			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		4625 Island Reef Drive Wellington, FL 33449			
B. If amending the registered agent and/or re		address on our records, <u>c</u>	enter the name of the new register		
agent and/or the new registered office addres  Name of New Registered Agent:	s nere:				
	4625 Island Re	ef Drive			
New Registered Office Address:	Enter Florida street address				
	Wellington		_, Florida <sup>33449</sup> Zip Code		
		City	Zip Code		
New Registered Agent's Signature, if changing R	legistered Agent:	1			
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis	er and complete	e performance of my dutic	es, and I am familiar with and 🥏		

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
MGR	Dennise J. Fiorella	5070 SW Blue Sky Lane	□Add
		Palm City, FL 34990	■Remove
			□ Change
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te: If th	e date inserted	than the date he date must be sp I in this block do e on the Departn	ocs not m	ect the appl	icable statute	ing or more the	(option 90 days after irements, this	filing.) Pursuant	t to 605,020 be listed s
	mifies a delaye	ed effective date,	, but not a	an effective	time, at 12:0	) a.m. on the	earlier of: (b	) The 90th da	sy after th
				2022					
is filed.	May	10	اا		<del></del> •				
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Filing Fee: \$25.00