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## **COVER LETTER**

	gistration Sec ision of Corp					
erm mart.	JAGUAR FU	P				
SUBJECT:		Name of Limi				
The enclosed	d Articles of A	mendment and fee(s) are sub-	nitted for filing.	PORTO JOHN MARKET		
Please returi	all correspon	dence concerning this matter	to the following:			
		BRENT P. METZLER				
Name of Person						
	METZLER ADVISORY LLC					
		TAMPA, FL 33606				
City/State and Zip Code						
		E-mail address: (1	o be used for future annual report notif	ication)		
For further i	nformation co	ncerning this matter, please ca	ili:			
BRENT MI	ETZLER		813 361-2919 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for the	e following amount:				
<b>=</b> \$25.00 1	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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JAGUAR FUND MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

PORTO JOHNES The Articles of Organization for this Limited Liability Company were filed on JULY 24, 2019 and assigned Florida document number L19000189819 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MAC CAPITAL GROUP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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
		<del></del>	□Add
			□Remove
			⊒Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
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			□Change
			□Remove
			□Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated \_\_\_\_\_\_\_14 2020 Signature of a member or authorized representative of a member MARK COOPER Typed or printed name of signee