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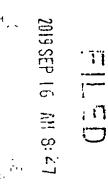
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COVER LETTER

TO:	Registration Sec Division of Cor			
SUBJ	JGM REAL			
SUDJ	<u></u>		ited Liability Company	
The er	nclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JORGE GABRIEL MORA	ALES, JR.	
			Name of Person	
		JGM REALTY		
			Firm/Company	
		3447 NE 1st STREET		
			Address	
		HOMESTEAD, FL 33033		
			City/State and Zip Code	
		JGM0524@AOL.COM		
		E-mail address: (to be used for future annual report notif	(cation)
For fu	orther information c	oncerning this matter, please ca	all:	
JORG	GE GABRIEL MOF	RALES	305 303-5067	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$3	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

JGM REALTY LLC		
(<u>Name of the Limited Liah</u> (A Flor	illity Company as it now appears on our reco ida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number L19000219314		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2019 S
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		rds, enter the name of the
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street ada	lress
		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>	<u>Name</u>	Address	Type of Action
MGR	JORGE GABRIEL MORALES, JR.	3447 NE 1ST STREET, HOMESTEAD, FL 33033	= Add
			Remove
			☐ Change
			Remove
			Change
			
			🗀 Remove
			Change
		<u>. </u>	Add
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			☐ Change
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an efi ote:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	$\frac{9/12}{1/1}$ $\frac{2\omega 19}{1}$
	Signature of a member or authorized representative of a member
	JONGE GAPAIER HONALES, JR Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00