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(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

Registration Section

TO:

Division of Cor	porations						
	ment Solutions LLC						
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	MARIA C SOUSA						
		Name of Person					
	SOUSA & ASSOCIATES						
		Firm/Company					
	5728 MAJOR BLVD SUI	re 309					
		Address					
	ORLANDO / FL 32819						
	10	City/State and Zip Code					
	carol@sousanassociates.cor E-mail address: (n to be used for future annual report noti	lication)				
For further information c	oncerning this matter, please c	all:					
MARIA C SOUSA		1407 840-7428					
Name o	f Person	at () Area Code Daytin	ne Telephone Number				
Enclosed is a check for the	he 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: Registration Section Division of Corporations		Street Address: Registration Se Division of Co	rporations				
P.O. Box 633 Tallahassee.			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMC Investment Solutions LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/08/2020}{1}$ Florida document number 84-4206044 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JMC Business Management LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: MARIA C SOUSA Name of New Registered Agent: 5728 MAJOR BLVD STE 309 New Registered Office Address: Enter Florida street address ORLANDO, FL

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>	Name	Address	Type of Action
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			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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Pated _	<u>03</u>	Augus	<u> </u>	. <u>220 es</u>	<u>0</u> .	*	Land		
		S	gnature of a	member or au	ithorized repr	esentative of	member	<u>-</u>	
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Filing Fee: \$25.00