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2022 OCT -6 PK 4: 26 SECRETARY OF STATE

COVER LETTER

SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: PATRICIA NUNEZ Name of Person MIAMI INCOME TAX CORP. Firm/Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: PATRICIA NUNEZ Name of Person MIAMI INCOME TAX CORP.	
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Name of Person MIAMI INCOME TAX CORP.	
MIAMI INCOME TAX CORP.	
Firm/Company	
13301 SW 132ND AVE SUITE 212	-
Address	2022 SEC
MIAMI, FL 33186	2022 OCT -6 SECRETARY STALLAHA
City/State and Zip Code	50 50
PNUNEZ@MIAMHNCOMETAX.COM E-mail address: (to be used for future annual report notification)	SSE P
	PM 1: 26 SSEE, FL
For further information concerning this matter, please call: 786 713-0399	न्स् क
PATRICIA NUNEZ	
Name of Person Area Code Daytime Telephone Number	•
Certificate of Status Certified Copy Certifie	cate of Status & ed Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 nal copy is enclosed)	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JRP INVESTMENT LLC				
(Name of the Lin	(A Florida Limited I	ny as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited		were filed on 12/26/2019	and assigned	l
Florida document number L20000005091				
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appl	icable:	<u></u>		
(Principal office address MUST BE A STRE	ET ADDRESS)			
			20	
			22 OF	
Enter new mailing address, if applicable:			LET CT	(,110±1
(Mailing address MAY BE A POST OFFICE	E BOX)		HAN 6	<u>। । । । । । । । । । । । । । । । । । । </u>
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			E.F.	- ugo
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office a	ddress on our records,	enter the name of the new regi	stere
	<u> </u>			
Name of New Registered Agent:	MIAMI INCON	ME TAX CORP.		
New Registered Office Address:	13301 SW 132N	ND AVE SUITE 212		
		Enter Florida street	address	
	MIAMI		_, Florida <u>33186</u>	
		City:	Zin 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	RENZO JAVIER PACHECO MON	10 VENETIAN WAY APT 2004	□ Add
		MIAMI BEACH, FL 33139	□Remove
			□ Add
			□Remove
			□Add
			SECRE ARY OF STATE TALLAHASSEE, FLE
			□Change
	 		□Add
			□Remove
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			🗆 Add
			Remove

Change

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Dated		ated OCTOBER 5Th
Design to the second se	2022	
Signature of a member or authorized representative of a member	2022	