Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | | |
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| PIDALI | ADDIESS: | | | | _ |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J.C.B INVESTMENTS, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| J.C.B Investments, LLC | | |
|--|---|---------------------------|
| (Name of the Limited Liability Co (A Florida Limi | mpany as it now appears on our records.) ited Liability Company) | |
| The Articles of Organization for this Limited Liability Comp | nany were filed on 03/30/20 | and assigned |
| Florida document number L20000092732 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | | 78E |
| The new name must be distinguishable and contain the words "Limited I | Liability Company," the designation "LLC" or the | |
| Enter new principal offices address, if applicable: | | <u> </u> |
| (Principal office address MUST BE A STREET ADDRES. | <u> </u> | |
| | | |
| | | 20 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | fice address on our records, <u>enter the n</u> | ame of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | pater puritu sirver taaress | |
| | , Florida | Zin Code |
| | City | Edy Cour |
| and the second s | | |

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 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_ | Jomel Barr | 7901 4TH ST N STE 300 | iX Add |
| | | ST. PETERSBURG, FL 33702 | □Remove |
| | | | DChange |
| MGR | SERENÉ REALTY, LLC | 7901 4TH ST N STE 300 | □ Add |
| | | ST. PETERSBURG, FL 33702 | Kemove |
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| Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the | s block does not me | et the applicable si | of filing or more tha latutory filing requ | (optional n 90 days after filin irements, this dat | e) g.) Pursuant to 605.0 e will not be liste |)207 d as |
| he record specifies a delayed effeord is filed. | ctive date, but not a | n effective time, at | 12:01 a.m. on the | earlier of: (b) T | he 90th day after | the |
| Dated 07/30 | , | 2021_ | | | | |
| Rilux Pa | k. | ember or authorized | | | | |
| | Signature of a m | ember or authorized | representative of a fi | lember | | |

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