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Registration Section Division of Corporations

TO:

SUBJECT:	JPC Equity Group, LLC							
SUBJECT.		Name of Lim	ited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return	all correspo	ndence concerning this matter	to the following:					
		Thomas M. Tarsia, Esq.						
			Name of Person					
		Jones, Haber & Rollings						
			Firm/Company					
		1633 SE 47th Terrace						
			Address					
		Cape Coral, FL 33904						
		City/State and Zip Code						
		tarsia@joneshaberlaw.com						
		E-mail address: (to be used for future annual report no	tification)				
For further in	nformation c	oncerning this matter, please c	all:					
Thomas M.	Tarsia, Esq.		239 542-0700 at ()					
	Name of	f Person		ne Telephone Number				
Enclosed is a	i check for th	ne following amount:						
■ \$25.00 F	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)				
Rep Div P.C	iling Addres gistration S vision of C D. Box 632 Ilahassee, F	Section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations				

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION **OF**

JPC Equity Group, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on April 7, 2020	and assigned
Florida document number L20000098744		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
JCP Equity Group, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		2: 2 The 2
(Mailing address MAY BE A POST OFFICE BOX)		
		- × · · ·
	:-	27
B. If amending the registered agent and/or registered office ac	ldress on our records, enter the nar	ne of the new regis
agent and/or the new registered office address here:		N 7
	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 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

MGR = M	lanager authorized Member		
Title	Name	Address	Type of Acti
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Note: If the	te, if other than the date of filing:
the record spectord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated April	all tel
_	Signature of a member or authorized representative of a member
Т	homas M. Tarsia, Esq.
_	Typed or printed name of signee