From: **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : 360 CORPORATE SOLUTIONS, LLC

Account Number : I20210000090 Phone : (305)529-5440 Fax Number : (305)529-5441

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SMH CAPITAL LLC

Certificate of Status	0
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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMH Capital LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our reco imited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L20000099161</u>	mpany were filed on April 8, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
JIC Capital LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	(22)	W 5 2 2
(Frincipal Office dualess MOST BE A STREET ADDRESS		22
		<u>}</u> ⊊
Enter new mailing address, if applicable:	N/A	29
(Mailing address MAY BE A POST OFFICE BOX)		
(Mailing address MAT BE A 1031 OF TICE BOA)		
	····	조취 55
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent: N/A		
New Registered Office Address:	Enter Florida street add	here
	STREET & TOT TONG ATT TOP TO	
	City	Florida
New Registered Agent's Signature, if changing Registered	•	5.P 55.25
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con	nd agree to act in this capacity. I	further agree to comply with the and I am familiar with and

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.

From:

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	Mauricio D. Rivero	2600 S. Douglas Road, Suite 801	\B Add
		Coral Gables, FL 33134	□Remové
			□ Change
			□Add
			☐ Remove
			□Change
			□ Add
			□ Remove
			☐ Change
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