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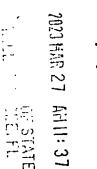
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
JIC MANA	AGEMENT LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	-		
	MAX DAHAN			
	·-	Name of Person		
	BENACHAT MANAGEN	HENT LLC		ENGLY MAR
		Firm/Company		
	323 SUNNY ISLES BLVI	D STE 501		7
		Address		岩石 音
	SUNNY ISLES BEACH,	FL 33160		ATT STATE
		City/State and Zip Code		E
	MAX@BENACHATMAN			
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
MAX DAHAN		646 930-4271 at ()		
Name o	f Person		e Telephone Number	_
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing I Certificate of Certified Cop (additional copy)	Status &
Mailing Address		Street Address:	ation	
Registration S Division of C		Registration Sec Division of Cor		
P.O. Box 632		The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JIC MANAGEMENT, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>04/23/2020</u>	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		[23
		27
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da
	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 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	JOSEPH ISAACOFF	323 SUNNY ISLES BLVD	□Add
		STE 501	= Remove
		SUNNY ISLES BEACH, FL 33160	□Change
MGR	MAX DAHAN	323 SUNNY ISLES BLVD	■Add
		STE 501	□Remove
		SUNNY ISLES BEACH, FL 33160	Change
		: : : : : : : : :	DAdd
			77 = 7 A
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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Effective date, if other than the date of filing: (optional) (if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated March 20th 2023 Signature of a member or authorized representative of a member Max Dahan							
Effective date, if other than the date of filing:							
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Max Dahan		Signa	ture of a member or author	orized representative of a m	ember	-	
(VIGA 1/000)		May Dohan					= -

Filing Fee: \$25.00