Division of Corporations Electronic Filing Cover Sheet

da Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JCGL MANAGEMENT LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JCGL MANAGEMENT LLC				
(Name of the Limited Lie (A Flo	ability Company	y as it now appears of bility Company)	n aur recorus.)	
The Articles of Organization for this Limited Liabili	ty Company v	vere filed on $\frac{07/23}{2}$		and assigned
Florida document number L20000217706				
This amendment is submitted to amend the followin	g:			
A. If amending name, enter the new name of the	limited liabil	ity company here	:	
A. It amending name, enter the new name of the				
N/A The new name must be distinguishable and contain the words	"T invited Linbili	by Company " the des	ignation "LLC" or	the abbreviation "L.L.C."
The new name must be distinguishable and contain the words	Pittilited Diagra	CASS DENABLICAN	c pri	
Enter new principal offices address, if applicable	:	6430 PEMBROK		
(Principal office address MUST BE A STREET ADDRESS)		MIRAMAR, FL	3023	
(17 shepar opper				
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			
				a name of the new registere
B. If amending the registered agent and/or regi	stered office a	address on our re	coras, <u>enter in</u>	t hame or the to
agent and/or the new registered office address h	<u>iere</u> :			
Name of New Registered Agent:				
D 1 1 Office Address:	6430 PEMBRO			
New Registered Office Address:	Enter Florida street addres:			
	MIRAMAR		, Flor	rida
		City	1 ~	Zip Code
Now Desictored Agent's Signature, if changing Res	nistored Ament			

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
	N/A		□Add
			□Change
			□Add
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an eff	ve date, if other than the date of filing:
atas	ont's effective date on the Department of State's records.
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	I 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
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	OCTOBER 29 2020
	OCTOBER 29 2020
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ated	Signature of a member or authorized representative of a member
ated	Signature of a member or authorized representative of a member