L21000194335

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COVER LETTER

Division of Cor			
UBJECT:	The Josu Inve	stment Group LL	2
	Name of Lim	ited Liability Company	•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return an contespo	indence concerning this matter	to the following:	
		Judith Squire	
		Name of P e/ son	
		Firm/Company	
	3	380 Fred George Address Hallahassee H	Dd #108
		Address	
		Tallahayee He	32303
	41 1.1 1	City/State and Zip Code	7 1
	E-mail address: (to be used for future amual report notif	MON.COp.
or further information c	oncerning this matter, please c	all:	
	11. L.	812 114K	2004
	th Aufth	$\frac{2}{2} \operatorname{Area Code} = \frac{275}{2}$	- 8297 : Telephone Number
, .		,	
inclosed is a check for t	he following amount:		
☑ \$25.00 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)
Mailing Addre	nn:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE JOJU INVESTMENT GROUP, L.L.C.

(Name of the Limited Liability Company as it now appears on our re

(A Florid	a Limited Liability Company	y)	
The Articles of Organization for this Limited Liability C		•	्रि and a ss igned
Florida document numberL21000196335	·		理。
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company	here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," th	ne designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	-		
B. If amending the registered agent and/or registere	d office address on our	r records, <u>ente</u>	r the name of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
New Neglitered Office Madess.	Enter Florida street address		
		, F	lorida
	City		Zip Code
New Registered Agent's Signature, if changing Registere		_	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance agent as provided for in ed office address, I he	of my duties, a n Chapter 605,	und I am familiar with and , F.S. Or, if this document is

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>	Sarae	Address	Type of Action
AMBR	Judith Squire	3380 Fred George Rd#108 Tallahassee Te 32303	(E Add
	,	Tallahassee Te 32303	□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
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			□Add
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			□Change
			🗀 Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·
E. Effective date, if other than the date of filing:
If 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 record is filed.
Dated $5/21/$. $2/$
Signature of a member or authorized representative of a member
Judth Squire Typed or printed name of signee