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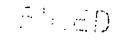
COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Saam Investment Group LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Andrew Sigvenza
Jaan Investment Group Firm/Company
3188 NW B8th AVE
Suncise FL 33351 JCity/State and Zip Code Jaam investment group a opagil.com E-mail address: (to be used forcular annual report notification)
For further information concerning this matter, please call:
Andrew Siquenza at 1786, 326-3824 Name widerson Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{c} \$25.00 \text{ Filing Fee} \\ \ \ \$30.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
\$30.00 Filing Fee \$ \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address:
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



Jaam Inves	stment Group	LLC 2022 AUG -2 PH 4: 33
(Name of the Limited I	iability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on <u>07</u>	-27-2022 and assigned
Florida document number <u>L2100025</u>	75 13	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the design	nation "LLC" or the abbreviation "L L C "
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address b		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	trust address
	Ете гюнаа <i>у</i>	
	Сиу	, Florida

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

Title	<u>Name</u>	Address	Type of Action
16R	Raul Lingres	2120 Nova Village Dr.	fXAdd
		Davie , FL 33317	□Remove
			□Change
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			□Remove
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ii amei	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	te date, if other than the date of filing:
e record ord is file	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 d.
Dated _	07-27-2022
	Signature of a member or authorized representative of a member
	Andrew Signer Zeg Typed or printed hame of signee