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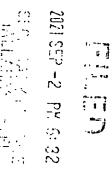
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| Special Instructions to Filing Officer: |
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| SUBJECT: | JAC INVES | STMENT PROPERTIES, LLC | · | | | |
| SUBJECT. | | Name of Limi | ited Liability Company | | | |
| | | Amendment and fee(s) are sub- | | | | |
| r tempe retur | ii uii emie.ip | JOSELITO PAYERO | g | | | |
| | | | Name of Person | | | |
| | | JAC INVESTMENT PRO | PETIES, LLC | | | |
| | | | Firm/Company | | | |
| | | 165 LOGAN BLVD N | | | | |
| | | | Address | | | |
| | | NAPLES, FL 34119 | | | | |
| City/State and Zip Code | | | | | | |
| | | CPAYERO007@GMAIL.C | | | 0 2 | , |
| | | E-mail address: (| to be used for future annual report notification | on) | 1717. 250. C. S. | ! > • • • |
| For further | information c | oncerning this matter, please co | all: | | | ; |
| JOSELITO | PAYERO | | 239 784-2834 at () | | | |
| | Name o | f Person | Area Code Daytime Tele | phone Number | | · · · · · |
| Enclosed is | a check for th | ne following amount: | | | · | ა |
| ■ \$25.00 | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | e of Status & | |
| | | | | | | |

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

JAC INVESTMENT PROPERTIES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/22/2021}{1}$ and assigned Florida document number L21000333910 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

Florida

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 | ANA C PAYERO | 165 LOGAN BLVD N | □ Add |
| | | NAPLES, FL 34119 | ■Remove |
| | | | □Change |
| MGR | JOSELITO PAYERO | 165 LOGAN BLVD N | ∃ Add |
| | | NAPLES, FL 34119 | □Remove |
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| an effective date is li ote: If the date in | other than the dat isted, the date must be s iserted in this block over the date on the Depart | specific and cannot does not meet the | be prior to date of fil applicable statute | ing or more than 90 da | (optional) ys after filing.) Pure its, this date will | suant to 605.0207 not be listed as |
| record specifies a is filed. | delayed effective da | e, but not an effe | ctive time, at 12:0 | l a.m. on the earlie | r of: (b) The 90 | h day after the |
| AUGUST, 2 | | 2021 | · \ | | | |
| | Ster | aturo of a member | or authorized representations CACO or printed name of s | entative of a member | | |
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Filing Fee: \$25.00