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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JSW CAPITAL GROUP LLC		2 <u>6</u>		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) lability Company)			
The Articles of Organization for this Limited Liability Company via Florida document number L21000348421 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabil		and assigned 9 AH II: II		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or th	ne abbreviation "L.L.C."		
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 boxes.	ddress on our records, enter the 1	name of the new registered		
agent and/or the new registered office address here:				
Name of New Registered Agent: New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and 1 c rovided for in Chapter 605, F.S.	am familiar with and Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Harry Markarian	7901 4TH ST N STE 300	X ìAdd
		ST. PETERSBURG, FL 33702	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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fective date, if other than the oneffective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	ck does not n	nect the applica	o date of filing or ble statutory fi	more than 90 da	_(optional) ys after filing.) nts, this date w	Pursuant to 60 vill not be lis)5.0207 (3 sted as th
ecord specifies a delayed effective s filed.	date, but not	an effective tin	ne, at 12:01 a.r	n, on the earlic	r of: (b) The	90th day aft	er the
ned 09/08		2021				ALLA	2021 S
D. PI	Signature of a	member or autho	rized representat	ive of a member		Distriction of the control of the co	2021 SEP -9
	organius vs d i					TT .	-9 AH II:

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