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22 FEB -7 FM 3: 12

T. MATTHEWS FEB 2 1 2022

COVER LETTER

TO:	Registration Sec Division of Corp			
		ESTMENT, LLC		
SUBJEC	CT:	Name of Limi	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Donia A. Roberts		
			Name of Person	-
		Donia A. Roberts, P.A.		
			Firm/Company	
		257 SE Dr. Martin Luther I	King Jr. Blvd.	
			Address	
		Belle Glade, FL 33430		Daytime Telephone Number See & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			City/State and Zip Code	<u> </u>
		attorney@doniarobertspa.co		
For furt	her information c	e-mail address: (omeanon
Donia A	A. Roberts		561 993-0990 at ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclose	d is a check for t	he following amount:		
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Mailing Addre		Street Address:	Section
Registration Section Division of Corporations		_		
	P.O. Box 632	27	The Centre of	f Tallahassee
	Tallahassee,	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMF85 INVESTMENT, LLC

22 FEB -7 FH 3: 12

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

y were tiled on 11/16/2021	and assigned
bility company here:	
oility Company," the designation "LLC" o	or the abbreviation "L.L.C."
e address on our records, enter th	ne name of the new registered
<u>-</u> -	
Enter Florida street address	
, Flor	rida Zip Code
City	Zip Code
	ility Company," the designation "LLC" of address on our records, enter the Enter Florida street address, 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 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>	<u>Address</u>	Type of Action
AMBR	Jose M. Flores	131 Cypress Avenue, Pahokee, FL 33476	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
		····	Change
			□Add
			□Remove
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177					<u>. </u>
					
ective date, if other than the effective date is listed, the date	he date of filing: _	and he prior to date	of filing or more than 9	(optional)	suant to 605.020
e: If the date inserted in this	block does not mee	t the applicable sta	atutory filing require	ments, this date will	not be listed a
ument's effective date on the	эреранинен өт мак	5 Fectives.			
cord specifies a delayed effe	tive date, but not an	effective time, at	12:01 a.m. on the ea	rlier of: (b) The 90	th day after th
s filed.					
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