(H23000030941 3)



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230000309413)))



H230000309413ABCVV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : F&L ACCOUNTING SERVICES LLC

Account Number : I20170000063 Phone : (786)343-9023 Fax Number : (305)384-4684

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

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JPG REALTY GROUP LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

JAN 2.5. 2023

| 01/25/2023 | 13:14 PM | TO:18506176383 | FROM: 30536446 | 84 Page: 3 | | | |
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| | • | | C | OVER LETTE | ER | (H23000030941 | . 3) |
| | gistration So tision of Co | | | | | | |
| STOR LETTE | JPG REAL | TY GROUP LLC | | *, | | k. | |
| SOME ST. | *************************************** | *************************************** | Name of Limite | 2 d Liability Company | | | |
| The enclosed | d Arricles of | Amendment and | fee(s) are submi | tted for filing. | | | |
| Please return | all correspo | ondence concernin | g this matter to | the following: | | | |
| | | MONICA LO | PEZ REYES | | | | |
| | | | | Name of Person | | | |
| | | F&L ACOUN | NTING SERVIC | ES LLC | | | |
| | | | | Firm/Company | | | |
| | | 2414 NW 87 | TH PL STE 241 | 4 | | | |
| | | | | Address | | | |
| | | DORAL, FL | 33172 | | | | |
| | | | | City/State and Zip Code | | | |
| | | | Alaccountingle | .com oe used for future annua | Francet natification) | | |
| For further in | nformation c | oncerning this ma | | | Tejaze nouncanon, | | |
| MONICA L | OPEZ REYI | | | | 574792 | | |
| | Name o | f Person | | Area Code | Daytime Telephone Nu | imber | |
| Enclosed is a | check for th | ne following amou | int: | | | | |
| ≡ \$25.00 F | iling Fee | S30.00 Filir Certificate | | ☐ \$55.00 Filing Fee Certified Copy | | 00 Filing Fee, tificate of Status & | |

Mailing Address:

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

(additional copy is enclosed)

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

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(H23000030941 3)

| (Name of the Limi | ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
|---|---|
| | |
| | and assigned diability Company were filed on 01/10/2022 and assigned |
| Florida document number 1.22000023392 | • |
| This amendment is submitted to amend the foli | lowing: |
| A. If amending name, enter the new name o | of the limited liability company here: |
| The new name must be distinguishable and contain the s | words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | cable: |
| Principal office address MUST BE A STREE | (T ADDRESS) |
| | |
| Caton now mulling address if applicable. | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE | PAN's |
| | |
| Manag datess MAT DL AT OST OTTICE | BUN |
| | registered office address on our records, enter the name of the new regi |
| If amending the registered agent and/or r | registered office address on our records, enter the name of the new regi |
| 3. If amending the registered agent and/or regent and/or the new registered office addressed and/or the new Registered Agent: | registered office address on our records, enter the name of the new regi |
| 3. If amending the registered agent and/or r agent and/or the new registered office addre | registered office address on our records, enter the name of the new regi |
| 3. If amending the registered agent and/or regent and/or the new registered office addressed and/or the new Registered Agent: | registered office address on our records, enter the name of the new regists here: Enter Florida street address Florida |
| 3. If amending the registered agent and/or regent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: | Enter Florida street address City City Contact Senter the name of the new region |
| 3. If amending the registered agent and/or ragent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: | Enter Florida street address City Registered Agent: |
| 3. If amending the registered agent and/or regent and/or the new registered office address. Name of New Registered Agent: New Registered Office Address: | Enter Florida street address Enter Florida street address City Registered Agent: ed agent and agree to act in this capacity. I further agree to comply with and istered agent as provided for in Chapter 605, F.S. Orif this document registered office address. I hereby confirm that the limited liability |
| 3. If amending the registered agent and/or regent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Sew Registered Agent's Signature, if changing I hereby accept the appointment as registered provisions of all statutes relative to the propaceept the obligations of my position as registered. | Enter Florida street address Enter Florida street address City Registered Agent: ed agent and agree to act in this capacity. I further agree to comply with and istered agent as provided for in Chapter 605, F.S. Orif this document registered office address. I hereby confirm that the limited liability |

01/25/2023 13:14 PM

TO:18506176303 FROM:3053844604

Page: 5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (H23000030941 3)

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|---|----------------|
| MGR | JESSICA TENAGLIA | 110 N FEDERAL HWY UNIT 1211 | □Add |
| | | FORT LAUDERDALE, FL 33301 | Remove |
| | | | Change |
| MGR | ENEAS F. PIEDRABUENA | F&L ACCOUNTING 2414 NW 87TH PL STE 2414 | _ |
| | | DORAE, FL 33172 | □Remove |
| | | | CChange |
| MGR | GERMAN D. MORENO | F&L ACCOUNTING 2414 NW 87TH PL STE 2414 | = Add |
| | | DORAL, FL 33172 | ElRemove |
| | | | DChange |
| | | | □Add |
| | | | □Remove |
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| Effective date, if other than the If an effective date is listed, the date min Note: If the date inserted in this b document's effective date on the If | block does not meet the ap | prior to date of liling opplicable statutory i | (option or more than 90 days after fi illing requirements, this o | ral) ling.) Pursuant to 605.0207 late will not be listed as |
| | • | | | |
| e record specifies a delayed effectived is filed. | ve date, but not an effecti | ve time, at 12:01 a. | m, on the earlier of: (b) | The 90th day after the |
| Dated | 2023 | | | |
| | <u> </u> | | | |
| | | | | |

Typed or printed name of signee