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COVER LETTER

TO: Registration S Division of Co					
JNI HOLL SUBJECT:	OINGS LLC				
SOBJECT:	Name of Lin	nited Liability Company	····		
	f Amendment and fee(s) are sul				
Please return all corresp	ondence concerning this matter	to the following:			
	JUAN CARLOS CUBILI	OS			
		Name of Person	-		
	JNI HOLDINGS LLC				
		Firm/Company			
	850 NW 42ND AVE SUITE 200				
		Address			
	MIAMI, FL 33126				
	jcubillos@conconcreto.com	City/State and Zip Code			
	·	to be used for future annual report notifi	cation)		
For further information c	concerning this matter, please c	all:		S ₂	
CHRISTIAN RUIZ		1 3054955572 at ()		SZ N	<u>-</u>
Name o	of Person		Telephone Number	2022 NOV - 1 PA SECRETARY OF TALLAHANSER	1 1 1 1 1 1 1 1 1 1
Enclosed is a check for the	he following amount:			PM 12: 20 OF STATE	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Stat Certified Copy (additional copy is er,		

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

JNI HOLDINGS 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 ______ and assigned Florida document number 1.22000369845 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 "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 on our records, enter the name o 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.

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
MGR	JUAN CUARTAS	850 NW 42ND AVE SUITE 200 MIAMI, FL 33126	■Add
			[]Remove
			DChange
MGR	CATALINA MAYA	850 NW 42ND AVE SUITE 200 MIAMI, FL 33126	= Add
			□Remove
		·	Change
			□Add
			□Remove
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