

5/24/23, 3:20 PM

Division of Corporations

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L23000018458

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CONTADORSUNNYISLES.COM INC  
Account Number : I20200000118  
Phone : (305)260-6968  
Fax Number : (786)513-7810

\*\*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  
JX INVESTMENTS LLC

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Corporate Filing Menu

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S. ROBERTS

MAY 26 2023

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ARTICLES OF AMENDMENT TO  
ARTICLES OF ORGANIZATION OF

JX INVESTMENTS 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 1/9/2023 and assigned Florida document number L2300018458

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: 15805 BISCAYNE BLVD STE 201  
AVENTURA, FL 33160  
*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 15805 BISCAYNE BLVD STE 201  
AVENTURA, FL 33160  
*(Mailing address MAY BE A POST OFFICE BOX)*

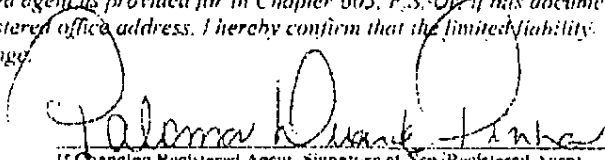
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CSI RA LLC

New Registered Office Address: 15805 BISCAYNE BLVD STE 201  
*Enter Florida street address*  
AVENTURA Florida 33160  
*City State Zip Code*

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. 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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
AMBR	LUCAS BITTENCOURT	15805 BISCAYNE BLVD STE 201	<input type="checkbox"/> Add
		AVENTURA, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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