## 123000394572

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09/14/23--01004--010 \*\*25.00

LLC NK Amend



A. RAMSEY SEP 28 2023

## **COVER LETTER**

Registration Section Division of Corporations

О:

	Name of Lin	nited Liability Company	
e enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
ease return all corresp	ondence concerning this matter	to the following:	
	PEDRO POMALES	N	
		Name of Person	
	SPHERE FINANCIAL SO	OLUTIONS, LLC	
		Firm Company	
	711 W MAIN STREET S	TE 102	
		Address	
	LEESBURG, FL 34748		
		City State and Zip Code	
	pomales@spherefs.com		
	E-mail address: (	to be used for future annual report no	ufication)
r further information o	concerning this matter, please c	all:	
EDRO POMALES		352 901-3622	
	of Person	at ( 352 ) 901-3622 Area Code Daytir	ne Telephone Number
closed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u> Registration S Division of C	Section Corporations	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro Tallahassee, FI	pe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2023 SEP 14 PM 12 33

JC GROUP ENTERPRICE 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 Comp	any were filed on $\frac{08/22}{1}$	/2023	and assigned
Florida document number L23000394572			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here	;	
JC GROUP ENTERPRISE LLC			
The new name must be distinguishable and contain the words "Limited L	iability Company," the desi	gnation "LLC" or the ab	obseviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	•1		
Enter new mailing address, if applicable:		<del></del>	
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered offi igent and/or the new registered office address here:	ice address on our reco	ords, <u>enter the nam</u>	e of the new registered
igene and/or the new registered office address nere.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
		. Florida	
	City:	-	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent a peing filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my as provided for in Cha	eduties, and Lam f apter 605, F.S. Or,	famili <mark>ar</mark> with and if this document is
. If C	hanging Registered Agent.	, Signature of New Rej	zistered Agent

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>l'itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			☐ Change
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			□Clunge

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	after th
d SEPTEMBER 5 . 2023	
Low Care.	
Signature of a member or authorized representative of a member	-
JOSE CASAS	