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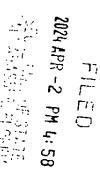
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JC & LC INVESTMENT GROUP LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
CARLES ANTONELL GREERA Name of Person
N/A
Firm/Company
5236 24TH TER N
Address
SAINT PETERSBURG, FL 33710 City/State and Zip Code
CARLES. ANTO NELL @GMAIL. COM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
CARLES ANTONELL GRIERA at (618), 972 4584 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
X\$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations
P.O. Box 6327
The Centre of Tallahassee
Tallahassee, FL 32314
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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THUECTMENT COMIRGIC

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(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on opr- Liability Company)	records.)
	1,4	144.50cc = 164.50.69
the Articles of Organization for this Limited Liability Company	were filed on $2/15$	and assigned
lorida document number <u>L24 0000 84950</u> .		·
this amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
JC&LN INVESTMENT GROUP LLC		
he new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office	address on our records,	enter the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Non-Positional Office Address.		
New Registered Office Address:	Enter Florida street	address
		*** * *
	City	, Florida Zip Code
ov Pogistored Agant's Signature, if changing Degistored Agent	·	ings since

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

Title .	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
]Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			
			□Remove
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			☐ Change
			□Remove

	 				
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an effective	ate, if other than the date of date is listed, the date must be specially	fic and cannot be prior to da	e of filing or more than 90	days after filing.) Pursuant t	io 605.0207
	e date inserted in this block does effective date on the Departmen		statutory titing requirer	nents, this date will not be	e fisicu as
•	cifies a delayed effective date, b	ut not an effective time, a	it 12:01 a.m. on the ear	tier of: (b) The 90th day	after the
l is filed.			•		
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