

L1500037974
Florida Department of State
Division of Corporations
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((H1500088989 3))



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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JBG ENTERPRISE LLC**

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Certified Copy	1
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Corporate Filing Menu

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APR 13 2015
D. BRUCE

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Amanda Sando
DATE	4/10/2015 11:30:02 AM PDT
RE	((H15000088989 3))) JBG ENTERPRISE LLC - 512803777

COVER MESSAGE

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 WASHINGTON DC 20540

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Apr 02 15 03:45p

p.5

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JBG ENTERPRISE LLC

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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

jnb.enterprise@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Imelda Vasquez

Name of Person

323

at (Area Code)

962-8600 ext 7950

Daytime Telephone Number

Enclosed is a check for the following amount:

\$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 Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS

Apr 02 15 03:44p

p.2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JBG ENTERPRISE 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 03/02/2015 and assigned Florida document number L15000037974

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 6550 Main St., #575 (Principal office address MUST BE A STREET ADDRESS) New Port Richey, FL 34656

Enter new mailing address, if applicable: 6550 Main St., #575 (Mailing address MAY BE A POST OFFICE BOX) New Port Richey, FL 34656

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: Brooke T. Spangler Smith

New Registered Office Address: 6550 Main St., #575 Enter Florida street address New Port Richey, Florida 34656 City 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 603, 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.

Brooke T. Spangler Smith If Changing Registered Agent, Signature of New Registered Agent

Apr 02 15 03:44p

p.3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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p.4

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article IV. Please update the name for manager Brooke S. Smith to: Brooke T. Spangler Smith

First Name: Brooke, Middle Initial: T., Last Name: Spangler Smith

Article IV. Please change the address for manager Brooke T. Spangler Smith to:

6550 Main St., #575, New Port Richey, FL 34656

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 2nd, 2015

Brooke T. Spangler Smith
Signature of a member or authorized representative of a member

Brooke T. Spangler Smith
Typed or printed name of signer

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