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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : US CONTADOR INC Account Number : I20200000121 Phone : (770)928-2700 Fax Number : (888)772-8108

\*\*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 JB CAPITAL CONSULTING LLC

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From: Mike Nat

#### 2022-10-12 18:35:26 GMT H22000350535 3

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

#### JB CAPITAL CONSULTING LLC

(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appear .iability Company)	s on our records.)			
The Articles of Organization for this Limited L. Florida document number 1.21000480877		were filed on	/08/2021	and as	signed	l
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company he	<u>re</u> :			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the de	esignation "LLC" or the a	hbreviation "l	IL.C."	
Enter new principal offices address, if applie	cable:	**************************************				
(Principal office address MUST BE A STREE	ET ADDRESS)			<u> </u>	-202	<del></del>
					20CT	
Eater new mailing address, if applicable:				<u></u>	$\overline{\sim}$	一声之子
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	골	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : <u>ess here</u> :	address on our ro	ecords, <u>enter the nar</u>	ne of the m	5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5	istered
Name of New Registered Agent:	CONTADOR 1	RA LLC	and the second s			******
New Registered Office Address:	4855 W HILLS	BORO BLVD B3				
Aca Augstered Ciffee Maness.	Enter Florida street address					
	COCONUTION	REEK	Florida <u>3</u>	3073		
		Cuv		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. 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 Changing Registered Agent, Signature of New Registered Agent

#### H22000350535 3

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

Page: 3 of 5

<u>Title</u>	Name	Address	Type of Action
MGR	SALCEDO LEON, HARRISON R	1317 EDGEWATER DR	WAdd
		#4751	□Remove
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• Page: 4 of 5

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If amo	nding any other information, enter change(s) here: (Auach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:  [ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	NOVEMBER FITH 2022
	Signature of a inember or authorized/representative of a member
	JUNIOR BEIARANO Typed or printed name of signee