

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L21000480877

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((H22000350535 3))



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

From:
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: _____

2022 OCT 12 PM 3:19

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JB CAPITAL CONSULTING LLC**

Certificate of Status	0
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2022 OCT 12 PM 12:26

APPROVED
AND
FILED

H22000350535 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JB CAPITAL CONSULTING 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 11/08/2021 and assigned Florida document number L21000480877.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

APPROVED
AND
FILED
2022 OCT 12 PM 12:28
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
MIAMI

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: CONFADOR RA LLC

New Registered Office Address: 4855 W HILLSBORO BLVD B3
Enter Florida street address

COCONUT CREEK, Florida 33073
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 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

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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>
MGR	SALCEDO LEON, HARRISON R	1317 EDGEWATER DR	<input checked="" type="checkbox"/> Add
		#4751	<input type="checkbox"/> Remove
		ORLANDO, FL 32804	<input 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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