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SECRETARY OF STATE

JAN 1 4 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JST Ventures 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:
Timothy R. Ruiz Name of Person
The Drive BUY LLC. Firm/Company
The Drive BUY LLC. Firm/Company 1346 Halapa Way Address Trivity FL 34655 City/State and Zip Code time of the Acris buy Cons
Trivity FL 34655 City/State and Zip Code
City/State and Zip Code timothy @ the drive buy. Com E-mail address: (to be used for future annual report hotification)
For further information concerning this matter, please call:
Timothy R. Ruiz at (267) 218-3875 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		LLC.	
(Name of the Limited Liability (A Florida)	y Company as it now appear Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability C		8/01/2011 and assigned	
Florida document number L1100008901	<u>17</u> .	SECT TALL	
This amendment is submitted to amend the following:		A Property of the Property of	= 5
A. If amending name, enter the new name of the lim	ited liability company her		-0
	Drive BUY		迷
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compar	ny," the designation "LLC" or the abbrevi	iation
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the name of the	<u>new</u>
Name of New Registered Agent:			
New Registered Office Address:		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	_
	En	ter Florida street address	
	-	, Florida	
	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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name <u>Address</u> **Type of Action** MGRM Shan Shevade 9405 Bellhaven St. Temple Terrace, FL Remove 33637 move Remove

). If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
ated	December 10, 2012.
	finoth R. Rew
	Signature of a member or authorized representative of a member
	Timothy R. Ruíz Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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