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(City	/State/Zip/Phone	e #)
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2010 MAR -1 MII: 13
SECRETARY OF STATE
ARLAHASSEE, FLORIDA

T. CLINE

MAR - 2 2010

EXAMINER

COVER LETTER

TO: Registration Division of C				
SUBJECT:	J	BBJ, LLC		
		Name of Limited Liability Company		
	of Amendment and fee(s) are su spondence concerning this matte	_		
		David Blumberg		
		Name of Person		
JBBJ, LLC Firm/Company				
1122 Via Del Mar				
		Address		AFE AFE
		Vinter Park, FL 32789		2010 MAR -1 SECRETAR
		City/State and Zip Code david@blumberg.cc		
	E-mail address:	to be used for future annual repo	ort notification)	F. F. S
For further information	n concerning this matter, please	call:		MM: 13
D	avid Blumberg	at (407)	620-6185	, 🏲
Name	e of Person		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 en	nclosed) Certified	te of Status &
MAI	LING ADDRESS:	STREET/C	COURIER 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

	JBBJ, LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now apper imited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on	July 15, 2005	and assign	ed
Florida document numberL05000071469				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company he	e <u>re</u> :		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Comp	pany," the designation "	'LLC" or the abbi	eviation
Enter new principal offices address, if applicable:		·, ·	2010 1AE	***************************************
(Principal office address MUST BE A STREET ADDR	ESS)		<u> </u>	<u>-11</u>
			AA -	
			7 7	T
Enter new mailing address, if applicable:			T S	
(Mailing address MAY BE A POST OFFICE BOX)			97	············
[Musing underess MITI BE TO TOST OF THE BOXY			5m &	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, <u>enter</u>	the name of t	he new
Name of New Registered Agent:				
New Registered Office Address:				
	E	nter Florida street ad	dress	
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager .MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	David Blumberg	1122 Via Del Mar Winter Park, FL 32789	Add Remove
			Add Remove
			Add Remove
			Add Remove
			CRE Add
		:	Remove
D. If amend	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessa	
			
	February 25	2010	
Dated	ant 1	ber or authorized representative of a member	
	organical of a mon	David Blumberg	
	Тур	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00