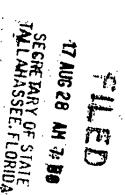


	(Requestor's Name)	
	(Address)	
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PICK-U	P WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions	s to Filing Officer:	
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08/29/17--01004--001 **25.00



COVER LETTER

011h 1110m	JBR CAM	LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please returr	all correspon	ndence concerning this matter	to the following:			
		Arash Jabbari				
			Name of Person			
		JBRCAM LLC				
			Firm/Company	<u>. </u>		
		1717 North Bayshore Driv	e Unit 3850			
			Address			
•		Miami Florida 33132				
		jabbari1@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	fication)		
For further in	nformation co	oncerning this matter, please co	all:			
Arash Jabba	ari		786 777-0344			
	Name of	f Person	at () Area Code Daytime	e Telephone Number		
Enclosed is	a check for th	e following amount:				
■ \$25.00 F	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:

TO:

Registration Section Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JBRCAM LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp 106(000049096 106(000049096)	pany were filed on 5/11/2006 and assi	gned
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 I Enter new principal offices address, if applicable:	Liability Company," the designation "LLC" or the abbreviation "L.I	"C."
• •		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SECHE TAR	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		TY Stathe n
Name of New Registered Agent:		
Nive Divisional Office Addisses		
New Registered Office Address:	Enter 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 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR/Mc	Arash Jabbari	1717 North Bayshore Drive Suite	■ Add	
		MIAMI FLORIDA 33132		
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Page 3 of 3

Filing Fee: \$25.00