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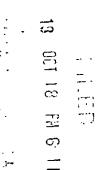
	Requestor's Name)
	(Address)
	(Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
,	Dusiness Littly Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
JJBC Propo	erties, LLC		
COMMECT:	Name of Limi	ited Liability Company	
	Amendment and fee(s) are sub-		
Please return all correspo	indence concerning this matter	to the following:	
	Brian Smith		
		Name of Person	
	JJBC Properties, LLC		
	<u> </u>	Firm/Company	
	1971 Lee Rd., Suite 200		
		Address	
	Winter Park, FL 32789		
	bdsmith805@gmail.com	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Brian Smith		321 3774355 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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:

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

vas it now appears on our records. bility Company) vere filed on 11/15/2006	
vere filed on 11/15/2006	and assigned
	15
ty company here:	2
y Company," the designation "LLC"	or the abbreviation "L.L.C."
1971 Lee Rd., Suite 200	7
Winter park, FL 32789	
	enter the name of the
	
	rida
	Same as above ice address on our records, Enter Florida street address

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, 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>	Address	Type of Action
MGR	Jodi H. Smith		
		805 Champion Woods Ct.	
		Sanford, FL 32771	■ Remove
			Change
MGR	James F. Smith		
		800 W. New Hampshire St.	O Add
		Orlando, Fl. 32804	■ Remove
			Change
MGR	Connie S. Smith		
		800 W. New Hampshire St.	
		Orlando, FL 32804	■ Remove
			Ţ.
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	10-15-2018	
H ve date, it other than the da Fective date is listed, the date must b	te of filing: to date of filing or nk	ore than 90 days after filing.) Pursuant to 605.0
If the date inserted in this block ment's effective date on the Depa	does not meet the applicable statutory filing	requirements, this date will not be listed
nent's cricetive date on the Depa	itunent of state s records.	
cord specifies a delayed o	ffective date, but not an effective ti	me at 12:01 a.m. on the earlier
e 90th day after the record	d is filed.	me, at 12.01 a.m. on the carner
October 15	2018	
	nature of a member of authorized representative	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00