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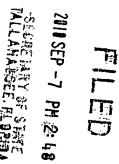
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:	
Name of Entitled Elaothty Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Felipe J Torres Name of Person	
TBT LLC Firm/Company	23
Firm/Company	SE I
P.O. Box 22801	FILE 12
Lake Buena Vista FL 32830	¥ ;
Lake Buena Uista FL 32830 City/State and Zip Code	£
City/State and Zip Code	œ
Javierta Chefode France. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Felipe 5 Torres at (407) 827-5032 X 117  Name of Person Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} Certified Copy (additional copy is enclosed	
MAILING ADDRESS: STREET/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

JBI, LLC	
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)
	mpany were filed on December 07, 2006 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	SS)
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 address	red office address on our records, enter the name of the new ss here:
Name of New Registered Agent: Fal	ipe J Torres
New Registered Office Address: 105	32 Via Lugano Ct.  Enter Florida street address
	Enter Florida street address
<u></u>	rmont , Florida 34711
New Registered Agent's Signature, if changing Registered	City Zip Code  Agent:
the provisions of all statutes relative to the proper and accept the obligations of my position as registered age	and agree to act in this capacity. I further agree to comply with complete performance of my duties, and I am familiar with and int as provided for in Chapter 608, F.S. Or, if this document is office address, I hereby confirm that the limited liability  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>	<u>Name</u>	<u>Address</u>	Type of Action		
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	,		Kemove		
<u>.                                    </u>			☐ Add☐ Remove		
			Domestic		
			Add		
			Add 2		
_			SEP - SEP		
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	Remove		
<del></del>		<u>,                                      </u>	<b>3 6 9</b>		
 Dated					
	S0/m	Some			
	Signature of a member Jerome Typed	r of authorized representative of a member Pocuse or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00