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COVER LETTER

TO: Registration Section Division of Corpolations				
SUBJECT: JBM CONSULTANTS, 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:				
JEFF	REY B. MILLER			
***************************************	(Name of Person)			
	(Firm/Company)			
1298 SW CEDAR COVE				
	(Address)			
PORT SAINT LUCIE FL 34986				
	(City/State and Zip Code)			
For further information concerning	this matter, please call:			
RAUL RODRIGUEZ-TORI (Name of Person)	at (772) 370-3239 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following				
	on Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, rtificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
MAILING ADD	RESS: 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



JBM CONSULTANTS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/29/2008 and assigned

Florida document number L08000010440

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

	(City)	(Zin Code)
		. Florida
	(Enter Florida street address)	
New Registered Office Address:		_
Manie of the Registering Them.		
Name of New Registered Agent:		

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)

or Managing	or Managing Member being added or removed from our records:						
MGR = Mana MGRM = Ma	ager ^ ^ nnaging Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
MGRM	RAUL RODRIGUEZ-TORRES	2172 S.E GIDDING ROAD PORT SAINT LUCIE FL 34952	Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
	a - 1,1,2 - 1,1,2 - 1,1,2 - 1,1,2 - 1,2 -		Add Remove				
			Add Remove				
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_				
			18. 08				
			OB MAR 10 PM				
Dated <u>03/03</u>	ME X	or authorized representative of a member	PM 2: 50 PF STATE				

. If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

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Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee