

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J & B LEE RENTAL, 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:

Maria Lee
Name of Person
J & B LEE RENTAL, LLC
Firm/Company
12525 NE 1ST COURT
Address
NORTH MIAMI, FL 33161
City/State and Zip Code
kerr2llc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Lee at (305) 769-3740
Name of Person Area Code 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 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2015 MAY 12 PM 1:00
FILED

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	LEE, MARIA	12525 NE 1ST COURT	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	LEE, JOAN	3885 Winthrop Dr	<input type="checkbox"/> Add
		Lexington, KY 40514	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2008 MAY 2 PM 1:03
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

D.; If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2015 MAY 12 PM 1:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

E. Effective date, if other than the date of filing: MAY 05, 2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated MAY 05, 2015

Maria L. Lee
Signature of a member or authorized representative of a member

MARIA L. LEE

Typed or printed name of signee