L080000 84471

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: JBCJ	AE, LLC		
SUBJECT:		led Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Julie A. Eich	orn	
		Name of Person	
		Firm/Company	
	1924 Harves		
		Address	
	Leander, Te		······
	jeichorn@swbell.	City/State and Zip Code	
	. —	o be used for future annual report notificat	ion)
For further information e	oncerning this matter, please c	all:	
Julie A. Eic	horn	512,329-592	8
Name o	f Person	Area Code & Daytime T	elephone 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)
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURIER Registration Section Division of Corporati	

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

JBCJAE, LLC			
(<u>Name of the Limited</u> (A	Liability Compan Florida Limited Li	y as it now appears on our recoability Company)	<u>ords.</u>)
The Articles of Organization for this Limited Lie Florida document number <u>L08000084431</u>			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company here;	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," the desig	mation "LLC" or the abbreviation
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREE	TADDRESS)		- 6
			, <u>, , , , , , , , , , , , , , , , , , </u>
Enter new mailing address, if applicable:		1924 Harvest Dance	, ; , , , , , , , , , , , , , , , , , ,
(Mailing address MAY BE A POST OFFICE BOX)		Leander, Texas . 7864	1 !
			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered of			, enter the name of the nev
		•	
Name of New Registered Agent:	REGISTER	ED AGENTS INC	
New Registered Office Address:	3030 N. Ro	cky Point Dr. STE 150A	
		Enter Florida s	treet address
	Tampa	. Fle	orida <u>33607</u>
		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 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

Page 1 of 3 Dan Keen - President

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		 	Remove
			Add
			Remove
			Add
			Remove
			Remove
			Add
		and the second s	Add
			Remove

f amending any other information, en	tter change(s) here: (Attach additional sheets, if necessary.)

_d July 16	2014
	f'a member or authorized representative of a member
Signature o	f a member or authorized representative of a member
Julie A. Eichorn	
	Typed or printed name of signee

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Filing Fee: \$25.00