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SECHETARY OF STATE

SECRETARY OF STAIL DIVISION OF CORPORATION

15 MAY -8 PM 4: 48

COVER LETTER

TO: Registration Division of	n Section Corporations	•	
SUBJECT:	JB PRODE	SCTS LLC	
	Name of Lin	ited Liability Company	"
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	LAUF	RENCE BROWN Name of Person	
		Name of Person	
		Firm/Company	····
	1376	GLENLEIGH DI	₹.
		Address	
	Ocor	E, FL 34761 City/State and Zip Code	
	JEFF, JB E-mail address:	PRODUCTS & GMA to be used for future annual report notice	IL-COM
For further information	on concerning this matter, please c		
LAUREN	CE BROWN	at (941) 544 - Daytime	4891
Nan	ne of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	or 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
			SE(
	ILING ADDRESS: gistration Section	STREET/COURI Registration Sectio	

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE DIVISION OF CORPORATION

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JB PRODUCTS 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 C	Company were filed on October 13, 2009 and assigned
Florida document number <u>L 09000098784</u>	<u></u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and end with the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3536 ROBER B CHAFFEE S.E.
(Principal office address MUST BE A STREET ADD)	RESSI WYOMING, MI 49548
Enter new mailing address, if applicable:	3536 ROGER B CHAFFEE S.E.
(Mailing address MAY BE A POST OFFICE BOX)	WYOMING, MI 49548
registered agent and/or the new registered office add	stered office address on our records, enter the name of the new liress here: LAURENCE BROWN
	1376 GLENLEIGH DR.
New Registered Office Address.	Enter Florida street address
	Ocoee Florida 34765 City Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:
provisions of all statutes relative to the proper and c accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and Regent as provided for in Chapter 605, F.S. Or, if this document and office address. I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent
	Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
	·		Add
			□ Remove
			
			Add
			Remove
			□ Add
			Remove
			□ Add □ VISEC
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
RESIDENTIAL ADDRESS OF LAURENCE A.
BROWN, MGR IS CHANGED TO:
1376 GLENLEIGH DR.
OCOEE, FL 34761
E. Effective date, if other than the date of filing: JULE 1, 2015 (optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
Dated
(Signature of a member or authorized representative of a member
LAURENCE BROWN Typed or printed name of signee
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00