L10000018415

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SEURETARY OF STATE. TALLAHASSEE, FLORIDA

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COVER LETTER

Tallahassee, FL 32314

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OLUB LEZVE	JBRA LLC			•		
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		RICARDO ARENAS				
Name of Person						
	District Corporations IBRA LLC Name of Limited Liability Company					
			Name of Limited Liability Company ent and fee(s) are submitted for filing. Incerning this matter to the following: RDO ARENAS Name of Person LLC Firm/Company FOWLER STREET. SUITE D Address MYERS, FLORIDA 33901 City/State and Zip Code IE@ARESFLORIDA.COM E-mail address: (to be used for future annual report notification) this matter, please call: 1786 229-0260 Area Code Daytime Telephone Number and amount: .00 Filing Fee & Certificate of Status Certificate of Status Certificate Opy (additional copy is enclosed) Street Address: Registration Section			
		3618 FOWLER STREET,	SUITE D			
	Address					
	Address FOR MYERS, FLORIDA 33901					
			City/State and Zip Code			
						
		E-mail address: (to be used for future annual report noti	fication)		
For further in	nformation co	oncerning this matter, please co	all:			
RICARDO	ARENAS					
	Name of	Person		e Telephone Number		
Enclosed is a	a check for th	e following amount:				
		-	□ \$55.00 Filing Fee &	S60.00 Filing Fee.		
20.00			Certified Copy	Certificate of Status & Certified Copy		
				-4:		
		ection orporations				
) Box 632		The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JBRA LLC		ARY ARY ARY
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) .iability Company)	1 PM
The Articles of Organization for this Limited Liability Company Florida document number L10000018415	were filed on 02/17/2010	and signed.
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words "Liability and Contain the Words" "Lia	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
·	Florida	3: 0.1
	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 605, 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

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>	Name	<u>Address</u>	Type of Action
P	JOHN B GALLAGHER	3618 FOWLER ST, STE D	
		FORT MYERS, FLORIDA 33901	■Remove
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fective date, if other than the date of filing: JUNE 5, 2025 (optional number of filing or more than 90 days after filing or more than 90 da	al)	
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this da	ng.) Pursuant to 60 ate will not be lis	ted as
cument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after	er the
is filed.	TALI	
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, JUNE 6, 2025		₹
ted	TAR ASS	
ted	ARY O SSEE.	
Signature of a member or authorized representative of a member	SSE	11 PM 5:

Filing Fee: \$25.00