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EXAMINER

COVER LETTER

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TO:	Registration Section Division of Corporation	ons					
SUBJE	ECT:	JOBA TEC	HNOLOGI	ES, LLC			
			mited Liability Company				
The en	closed Articles of Amend	ment and fee(s) are su	bmitted for filin	g.			
Please	return all correspondence	concerning this matte	r to the followin	g:			
		J	ONATHAN	BARRIOS			
			Name of	Person			
		JOB.	A TECHNO	LOGIES, LLC			
	,	•	Firm/Cor	npany			
		14565 SW 95TH LANE			وسد المسمول والأوا		
		Addre	88		M 0 08	देशभग	
		MIAMI, FL	. 33186		10 DEC - 1 DEUKE DARY NLLAHASSE	B. 100	
		City/State and Zip Code			SET P		
		jb E-mail address: (arrios@joba	atech.com ure annual report notific	ation)		
For fur	ther information concerni	ng this matter, please	call:	·		3 34 DATE ORIDA	
	JONATHAN	BARRIOS	at (3	05)	70-5000		
-	Name of Person		\	Area Code & Daytime	Telephone Number		
Enclose	ed is a check for the follo	wing amount:					
₹2 5		0.00 Filing Fee & Certificate of Status	Certifie	iling Fee & d Copy nal copy is enclosed)	Certified	te of Status &	ed)
	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F.	ection rporations		STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOB/	<u>A TECHNOLOGIES, LI</u>	<u>_C</u>		
(<u>Name of the Limited L</u> (A F	iability Company as it now apper lorida Limited Liability Company	ars on our records.		
The Articles of Organization for this Limited Liab	• •	03/22/2010	and assigned	
Florida document number L100000311	<u>19 </u>			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company he	ere:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	oany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applical	alo.			
• •				
(Principal office address MUST BE A STREET	ADDRESS)			
	<u> </u>		Et. 6	
F. 4			Sin B	
Enter new mailing address, if applicable:			28-4 B	
(Mailing address MAY BE A POST OFFICE B	<u> </u>		ग्रें	
			3 11	
		. OM		
B. If amending the registered agent and/or registered agent and/or the new registered officers.	registered office address on	our records, enter at	he name of the nev	
registered agent and/or the new registered only	te address here.			
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	JONATHAN BARRIOS	14565 SW 95TH LN MIAMI, FL 33186 VERTICAL CONSULTING GROUP	_✓ Add _✓ Remove
MGRM_	RICARDO LLANOS	9635 SW 138TH AV MIAMI, FL 33186 ZION SERVICES GROUP, INC	✓ Add ✓ Remove
			Add Remove
			Add Remove
			Add Remove
· 			Add Remove
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	- 330 01 - 34 01
		FLORIOA	
Dated	Du t	10.	
_	JONA	THAN BARRIOS printed name of signee	

Page 2 of 2

Filing Fee: \$25.00