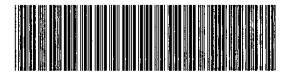
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N. Culfigan JAN 25 2011

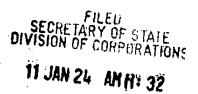
COVER LETTER

TO: Registration Division of C		•	
SUBJECT:	J	SB, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		Sue L. Baker	
		Name of Person	
		JSB, LLC	
		Firm/Company	
	552	4 Myrtle Hill Drive West	
		Address	
	Lal	keland, FL 33811-1909	
		City/State and Zip Code	
	E-mail address: (sbaker52@aol.com to be used for future annual report notific	ation)
For further information	a concerning this matter, please of		,
:	Sue L. Baker	at (_863)6	647-9255
Name	Name of Person Area Code & Daytime Telephone Number		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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	JSB, LLC		<u></u>
(Name of the Limited Lia (A Flo	bility Company as it now appearida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabil Florida document number	· · ·	09-02-2010	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)	·	
			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)			
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, enter t	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street addi	ess
		, 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	James R. Baker	5524 Myrtle Hill Drive West	Add ✓ Remove
			Add Remove
<u>_</u>			Add Remove
	 		Add Remove
	·		Add Remove
			Add Remove
D. If amen	ding any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	SECRETARY DIVISION OF CC
_			OF STATE PREDICATION
Dated	January 18	2011 L Baker member or authorized representative of a member	
	Signature of a	Sue L. Baker Typed or printed name of signee	
		ryped or printed tiaine or signee	

Page 2 of 2

Filing Fee: \$25.00