

L1100000 80026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

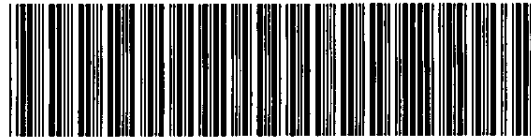
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
APR 19 2012  
EXAMINER

## COVER LETTER

TO:  Registration Section  
Division of Corporations

SUBJECT: JMB Ventures, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allison Olinger

Name of Person

HUB SRQ, LLC

Firm/Company

1233 N Gulfstream Ave., #1

Address

Sarasota, FL 34236

City/State and Zip Code

allison@biter.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allison Olinger

Name of Person

at ( 941 )

870-3679

Area Code & Daytime Telephone Number

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SECRETARY OF STATE

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**

**JMB Ventures, 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 Company were filed on 07/12/11 and assigned  
Florida document number L11000080026.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**HUB SRQ, LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1680 Fruitville Rd

Sarasota, FL 34236

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1233 N. Gulfstream Ave., #1

Sarasota, FL 34236

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TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

Jesse Biter

**New Registered Office Address:**

1233 N. Gulfstream Ave., #1

*Enter Florida street address*

Sarasota

*City*

Florida

34236

*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 or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jesse Biter	1233 N Gulfstream Ave., #1 Sarasota, FL 34236	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Rich Swier	1233 N Gulfstream Ave., #1 Sarasota, FL 342346	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 APR 18 PM 12:48

FILED

Dated April 12, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Allison Olinger  
\_\_\_\_\_  
Typed or printed name of signee