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| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
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| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

| Division of Co | | | | | | | |
|---------------------------------------|---|--|--|--|--|--|--|
| SUBJECT: | JB TEC | HNOLOGY LLC | | | | | |
| Sobsect. | Name of Lim | ited Liability Company | | | | | |
| The enclosed Articles o | f Amendment and fee(s) are su | bmitted for filing. | | | | | |
| Please return all corresp | oondence concerning this matte | r to the following: | | | | | |
| | | · | | | | | |
| | | Name of Person | | | | | |
| JB TECHNOLOGY LLC | | | | | | | |
| | Firm/Company | | | | | | |
| 6411 COWPEN RD, APT N101 | | | | | | | |
| | Address | | | | | | |
| | MIAMI LAKES, FL,33014 | | | | | | |
| | City/State and Zip Code | | | | | | |
| | bilal@jb-technology.com E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information | concerning this matter, please | call: | | | | | |
| | ILAL MUNIR | at \ | 546-8754 | | | | |
| Name | of Person | Area Code & Daytim | e 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 | | STREET/COURI Registration Section | n | | | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 FEB 20 AM II: 02

SEURETARY OF STATE
TALLAHASSEE, FLORIDA

JB TECHNOLOGY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for | or this Limited Liability Company | were filed on | AUG 17tH 2011 | and assigned | | |
|----------------------------------|--|------------------------------|----------------------------|------------------------|--|--|
| Florida document number | L11000094547 | | | | | |
| This amendment is submitted t | to amend the following: | | | | | |
| A. If amending name, enter | the new name of the limited liab | ility company he | ere: | | | |
| The new name must be distinguis | shable and end with the words "Limi | ted Liability Comp | pany," the designation "LL | C" or the abbreviation | | |
| Enter new principal offices a | ddress, if applicable: | | | | | |
| (Principal office address MUS | ST BE A STREET ADDRESS) | | | | | |
| | | | . <u></u> | | | |
| Enter new mailing address, i | f annlicable: | | | | | |
| (Mailing address MAY BE A. | • • | <u> </u> | | _ | | |
| Intuiting undress mai be a | TOST OF FICE BOX | | | | | |
| | | | | | | |
| | red agent and/or registered of new registered office address here | | our records, enter the | name of the new | | |
| | | - | | | | |
| Name of New Registe | ered Agent: | | | | | |
| New Registered Office | ce Address: | | | | | |
| | | Enter Florida street address | | | | |
| | | | | | | |
| | | 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Address</u> <u>Name</u> MGRM JAMSHED R MIRZA 6411 COWPEN RD, APT N101 ___ Add MIAMI LAKES, FL 33014 Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove ∐Add Remove ∏Add Remove \sim D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) FEBURARY 16th 2012 Dated Signature of a member or authorized representative of a member **BILAL MUNIR** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00