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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: JBR	meta LL(Name of Limited	Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	dence concerning this matter to	the following:	
	Russell	Lee Clark	
٠.		Name of Person	
	JBIZ Meta	Firm/Company	
		7) /	
	5849 FOX	field trace	·
		Address	
	Tallahassee	FL 33304 City/Slate and Zip Code	
	Russellance E-mail address: (to	City/Slate and Zip Code Lark D Yahoo. Combe used for future annual report notification	on)
For further information cor	ncerning this matter, please cal		
Russell Clay	Person	at (<u>850) 345 · 5 7</u> 6 Area Code & Daytime Te	o / lephone 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

JBK Metal	L.L.C.
(Name of the Limited Liabilit	y Company as it now appears on our records.) Limited Liability Company)
() 1 101144	
The Articles of Organization for this Limited Liability (Company were filed on 10127 2011 and assigned
Florida document number 110001225	70 As 3
	Care of T
This amendment is submitted to amend the following:	
This difference is sublimed to different the following.	SER COLL
A. If amending name, enter the new name of the lin	nited liability company here:
	OR T
	ords "Limited Liability Company," the designation "LL Gor the spreviation
"L.L.C."	$C \cap II$
Enter new principal offices address, if applicable:	5849 toxtield trace
(Principal office address MUST BE A STREET ADD	DRESS) Tyllahassee Florida 32304
	C • • • •
Enter new mailing address, if applicable:	5849 foxfield trace Tallahassee Florida 32304
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee Florida 32304
	istered office address on our records, enter the name of the new
registered agent and/or the new registered office ad	dress here:
T.	
Name of New Registered Agent: K	syg Foxfield trace
New Registered Office Address:	849 Foxfield trace
	Enter Florida street address
Tal	lahassee , Florida 3230 4 Zin Code
1—74	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** Title <u>Name</u> William P. Schroyer 4121 Mclead dr.

Tallahassee & 32303 Remove Remove Remove Remove

•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
)
_	
-	
	10-18-2013
	Russill La Clark
	Signature of a member or authorized representative of a member
	KUSSELLEE (Jark Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
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ALLAHASSEE, FLORIDA