## L13000001690

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Na	me)
(Docu	ment Number	)
Certified Copies	Certificate	s of Status
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DIVISION OF CORPORATIONS

13 MAR | 5 PM 4: | 1

MAR 1 8 2013 T. HAMPTON

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: JHB Enterprises LLC  Name of Limited Liability Company
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:
Benno A. Deifel Name of Person
JHB Enterprises LLC DBA Yalaha Bakery of Orlando
1213 N. Orange Ave
Orlando FL 32804 - 6452 City/State and Zin Code
City/State and Zip Code  City/State and Zip Code  Deifel a Valahabakery com  Efmail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Benno A. Deifel at (321) 800 5212  Name of Person Area Code & Daytime Telephone Number
Name of Person / Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
check has already been mailed and posted.
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



RECEIVED

13 MAR 15 AM 6: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2013

BENNO A DEIFEL 1213 N ORANGE AVE ORLANDO, FL 32804

SUBJECT: JHB ENTERPRICES LLC

Ref. Number: L13000001690

We have received your document for JHB ENTERPRICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 413A00005242

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appo	ears on our records.) - ···		
			·	_
	81.1		့်ယ	SE 3S
The Articles of Organization for this Limited Liability Com	ipany were filed on	an	d assigne	登品
Florida document number			~	유닭.
			5	83
This amendment is submitted to amend the following:			PM 4:	정위
This afficialities is submitted to afficild the following.			<del>.</del>	SIA
A. If amending name, enter the new name of the limited	l liability company h	nere:		ᇙ
			<del></del>	₹5
The new name must be distinguishable and end with the words	"Limited Liability Com	anany " the decignation "I I C" or	the abbre	eviatio
"L.L.C."	Limited Liability Con	ipany, the designation labe of	the abole	. viano
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	SS)			
Enter new mailing address, if applicable:		7.		
(Mailing address MAY BE A POST OFFICE BOX)				
D 16 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1	. 1 - 66 1 - 1	vecesia enten the no	of th	ha ma
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		n our records, enter the na	me or tr	ie ne
registered agent and/or the new registered office address	s nere.			
Name of New Registered Agent:				
New Projectored Office Address				
New Registered Office Address:	-	Enter Florida street address		
	•			
		, Florida Zip		
	City	Zip	Code	
New Registered Agent's Signature, if changing Registered A	gent:			
	<del></del>			
	d annua to until this	a a a a a a its. I foutless acreas to	aomnlu v	with
I hereby accept the appointment as registered agent and	a avree to act in inis	i cabacuv. 1 niriner ayree to i	COMDLY	

If Changing Registered Agent, Signature of New Registered Azent

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action		
			Remove		
			Add		
	<del> </del>		<u>r</u> 1		
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			Remove		
			Add		
			Remove		
			Remove		

n amend	ing any other information, enter change(s) here: (Allach adainonal sheets, if necessary	•/
d		
	Signature of a member or authorized representative of a member	
/	BENNO A. DEIFEL  Typed or printed name of signee	

SECRETARY OF STATE DIVISION OF CORPORATIONS