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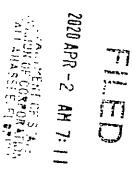
(Req	uestor's Name)	
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APR 15 2020 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
SUBJE	J+ B Projec	ts, LLC		
O DO E	C1	Name of Limit	ed Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
		ndence concerning this matter to	-	
		Alice Pearce		
			Name of Person	
		J+B Projects, LLC		
			Firm/Company	
		660 Enfield St		
			Address	
		Boca Raton, FL 33483		
			City/State and Zip Code	
			d carolinetoms100@gmail.com	
			be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please call	l :	
Alice Pe	arce		917 690-6962	
	Name of	Person		Telephone Number
Enclos e d	I is a check for the	e following amount:		
\$2 5.	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)
	<u>Malling Address</u> Registration S		Street Address: Registration Sect	ion

Division of Corporations

TO:

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J+B Projects, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L13000152847	were filed on 10/31/13	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	23228 Fountainview Rd	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33433	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	 	
	Enter Florida street add	dress
	City	Florida
New Registered Agent's Signature, if changing Registered Agent:	•	zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	ree to act in this capacity. It performance of my duties,	and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alice Pearce	660 Enfield St. #A	
		Boca Raton, FL 33483	≣Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			🖸 Remove
			□Change
			Remove
			☐ Change
			□Add
			□Remove
			☐ Change

Page 2 of 3

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Signature of a member or authorized representative of a member				2 5/)					
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Page 3 of 3

Filing Fee: \$25.00