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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JBM BROTHERS, 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:

DAVID N. MORRISON

Name of Person

QUARLES & BRADY LLP

Firm/Company

1395 PANTHER LANE #300

Address

NAPLES, FL 34109

City/State and Zip Code

david.morrison@quarles.com

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

For further information concerning this matter, please call:

David N. Morrison

Name of Person

239 434-4911

at (_____) _____
Area Code

Daytime 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
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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David N. Morrison	5333 Sycamore Drive	<input type="checkbox"/> Add
		Naples, FL 34119	<input checked="" type="checkbox"/> Remove
MGR	Michael B. Rucker	14995 Savannah Drive	<input checked="" type="checkbox"/> Add
		Naples, FL 34119	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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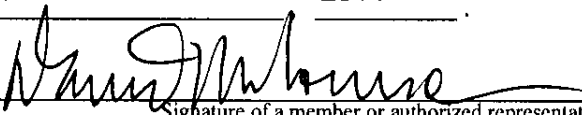
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 21 2014



Signature of a member or authorized representative of a member

David N. Morrison

Typed or printed name of signee

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Filing Fee: \$25.00

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