1140000611663

| (Requestor's | Name) |
|------------------------------------|----------------------|
| (Address) | |
| (Address) | |
| (City/State/Z | ip/Phone #) |
| PICK-UP W | /AIT MAIL |
| (Business E | ntity Name) |
| (Document N | lumber) |
| Certified Copies Ce | rtificates of Status |
| Special Instructions to Filing Off | icer: |
| | |
| | |
| | |

Office Use Only



000266819730

11/24/14--01028--012 **25.00

14 NOV 24 PH 12: 39
SEGRETARY OF STATE
ALLAHASSEE, ELORIDA

COVER LETTER

| Division of C | Corporations | | |
|-------------------------|--|---|---|
| JBM SUBJECT: | BROTHERS, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corre | spondence concerning this matter | to the following: | |
| | DAVID N. MORRISO | ON | |
| | · · | Name of Person | |
| | QUARLES & BRAD | Y LLP | |
| | | Firm/Company | |
| | 1395 PANTHER LAI | NE #300 | |
| | | Address | ····· |
| | NAPLES, FL 34109 |) | |
| | | City/State and Zip Code | |
| | david.morrison@qua | | |
| | E-mail address: (1 | to be used for future annual report notifi | cation) |
| For further informatio | n concerning this matter, please ca | all: | |
| David N. Morriso | on | 239 434-4911 Area Code Daytime | |
| Nam | e of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check fo | or 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

JBM BROTHERS, LLC

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

| | Liability Company) |
|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L14000061963</u> . | were filed on04/16/2014 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and end with the words "Limited Liab | ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 14995 Savannah Drive |
| (Principal office address MUST BE A STREET ADDRESS) | Naples, FL 34119 |
| | |
| Enter new mailing address, if applicable: | 14995 Savannah Drive |
| (Mailing address MAY BE A POST OFFICE BOX) | Naples, FL 34119 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: | ffice address on our records, enter the name of the new |
| | CO 🏂 🤣 annuar |
| New Registered Office Address: | SS F seem |
| New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete | |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|-----------------------|-------------------|----------------------|--|
| MGR | David N. Morrison | 5333 Sycamore Drive | □ Add |
| | | Naples, FL 34119 | ■ Remove |
| MGR Michael B. Rucker | Michael B. Rucker | 14995 Savannah Drive | Add |
| | | Naples, FL 34119 | □ Remove |
| | | | |
| | | | □ Remove |
| | | - | □ Add |
| | | | 1 Remov 24 PHEIZ: SERRETARY OF STALLAHASSEE, FLU |
| | | | RMA ove |
| | | | Add |
| | | ☐ Remove | |

| If amending any other information, enter change(s) here: (Attach additional additional and additional addition | onal sneets, if necessary.) |
|--|--|
| · | |
| | |
| | |
| | |
| | |
| | |
| | |
| Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State) | (optional) be more than 90 days after |
| November 21 2014 | |
| A Jana Mariano | |
| Signature of a member or authorized representative David N. Morrison | e of a member |
| | |

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FEORION