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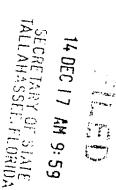
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TO: Registration Section Division of Corporations SUBJECT: SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.

Junior Fletcher

Name of Person

J. B. Property Maintaince LLC

Firm/Company

Address

Ft. auderdale FL 33312

City/State and Zip Code

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

For further information concerning this matter, please call:

Please return all correspondence concerning this matter to the following:

Ourior Fletcher at (754) 2447652

Name of Person

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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

Name of the Limited Liability Company (A Florida Limited Lia	Maintaince L y as it now appears on our records.) ability Company)	LC
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on 4/28/201	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and end with the words "Limited Liability of the new principal offices address, if applicable:		LLC abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered office address here:		the name of the new
Name of New Registered Agent:	NA	As
New Registered Office Address:	Enter Florida street address	40EC 17
	City , Flottida	ZIP Code
New Registered Agent's Signature, if changing Registered Agent:		9.
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am covided for in Chapter 605, F.S. Or,	familiar with and if this document is mited liability

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>itle</u>	<u>Name</u>	Address	Type of Actio
			□ Add
			□ Remove
			Add
			☐ Remove
			□ Add
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			□ Remove
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			Remove

If amending any other information, en	
	or to date of receipt or filed date and cannot be more than 90 days after
Dated 12/15/2014	or to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE