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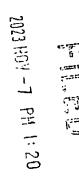
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COVER LETTER

Division of Corpo		•	4	,
JTTJ Consult SUBJECT:	ing, LLC			Ÿ
SUBJECT:	Name of Lim	tited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	John Dammermann			
		Name of Person		
		Firm/Company		
	15200 Cove Lane			
		Address		··· <u>·</u>
	Fort Myers, FL 33908			
		City/State and Zip Code		
	jd@tpihospitality.com			
	E-mail address: (to be used for future annual	report notificat	ion)
For further information con	cerning this matter, please ea	all:		
John Dammermann		763 23	2-0374	
Name of P	erson	at () Area Code	Daytime Te	lephone Number
Enclosed is a check for the	following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee of Certified Copy (additional copy is enc		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Address:		Street A	ddress:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JTTJ Consulting, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on December 15, 2014 and assigned Florida document number $\frac{L14000190170}{L}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PBMK Consulting, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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			
\$	MCD -	Managar	
AMPD - Authorized Mombar	MICIN —	Manager	
	AMDD -	- Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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(If an et) Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	October 33 3623 Muyun Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	John Dammermann
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00