Electronic Filing Cover Sheet

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(((H15000018242 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.

Account Number : I20010000202 Phone : (941)954-4691 Fax Number : (941)954-2128

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JBSF ONE, LLC

Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: TRSF One Warme of Limited Liability Complety

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	John 12 - Bonh Name of Person
	TBSF One Firm/Company
	4021 Tuggert Cay N # 208
	Suresola Fr 34233
	E-mail address: (to Bo-esed for future armual report notification)
rther information con	scerning this matter, please call:

Enclosed is a check for the following amount:

\$25.00 Filing Fee

For

☐ \$30.00 Filing Fcc & . Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is miclosed)

☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy conditional 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 Chilen Building 2661 Executive Center Circle Tallahassee, FL 32301



January 23, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JESF ONE, LLC 6866 TAILFEATEUR WAY BRADENTON, FL 34203

SUBJECT: JBSF ONE, LLC

REF: L15000007863

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

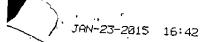
Teresa Brown Regulatory Specialist II FAX Aud. #: H15000016242 Letter Number: 915A00001416

RECEIVED

15 JAN 23 AM 10: 00

18 JAN 29 AM 10: 00

18 JAN 29 AM 10: 00



NORTON HAMMERSLEY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

TO MES PAS 45

and assigned Florida document number L 15000007 863 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and with the wronds "Limited Liability Company," due designation "LLC" on the abbreviation "L.L.C." 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 ROX) 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 activess Florid2

New Registered Agent's Signature, if changing Registered Agent

I hereby accept the appointment as registered agent and agree to act in this expacity. I further agree to comply with the provisions of all stantes 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.

If Changing Registered Agent, Signature of New Registered Agent

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:

MCR= M AMBR= A	lønager .uthorized Member	•		
Title	Same	Address	Type of Action	
MGZ	Shamun Fedler	6866 Tailfeather Way	لله ٨ تطر	
	•	Bradenton Fr 34203	= Remove	
				
			D Add	
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if amending any other information, enter	hange(s) here: (Attach udditional sheet	s, if necessary)
Effective date, if other than the date of filing the effective date must be specific, connot be prior to dute the third document is filed by the Florica Department.	ate of receipt or illed date and connot be more than	(optional) 90 days after
Dated Jennery 21	. 2015 .	
12.	8/	
Signature of a	member of authorized representative of a reember	r
The second secon	Typed of printed name of signer	

Page 3 of 3

Filing Fee: \$25.00