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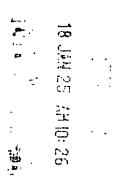
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COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	JBTH Inves	tments LLC	s) are submitted for filing.	
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Linda Lepore		
			Name of Person	
		Caloosehatche Tax		
			Firm/Company	
		709 Cape Coral Pkwy W		
			Address	
		Cape Coral, Florida 33914	ı	
			City/State and Zip Code	
		• •	L	C mail max
For further in	iformation co			neanon)
Linda Lepor	e		239 540-2612 at ()	
	Name of	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. It correspondence concerning this matter to the following: Linda Lepore Name of Person Caloosehatche Tax Firm/Company 709 Cape Coral Pkwy W Address Cape Coral, Florida 33914 City/State and Zip Code linda.lepore@etfs.us E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: Name of Person Area Code Daytime Telephone Number heck for the following amount: ng Fee \$30.00 Filling Fee & \$55.00 Filling Fee & \$60.00 Filling Fee.		
Enclosed is a	check for the	e following amount:		
≘ \$25.00 F	iling 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

JBTH INVESTMENTS LLC			
(<u>Name of the Lim</u>	ited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited I	Liability Company were f	iled on 01/27/2015	and assigned
Florida document number L15000015778			
This amendment is submitted to amend the fol	and/or registered office address on our records, enter the name of the new red office address here: Ronald St. Clair		
A. If amending name, enter the new name of	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	····	<u></u>
			المستعلق المستعلم المستعلم المستعلم المستعلم المستعلم المستعلم المستعدد المستعدد المستعدد المستعدد المستعدد المستعدد الم
			12
Enter new mailing address, if applicable:			The state of the s
(Mailing address MAY BE A POST OFFICE			
			Es O'
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office acoffice address here:	ldress on our records, <u>er</u>	iter the name of the new
Name of New Registered Agent:	Ronald St. Clair		
	(12.6) (2.11)		
New Registered Office Address:	015 Cape Coral Pkwy	Enter Florida street address	
	Cons Corel		22014
	Cape Coral	, Florid;	33914

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.

Ronald St. Class, GA

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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