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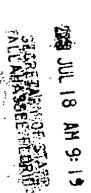
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## **COVER LETTER**

Division of Corporations		
SUBJECT: JAK BRES LLC		
Name of Lim	ited Liability Company	
		4
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Yanelys C.	Name of Person	
J+K Bee	Firm/Company	<del></del>
<u>i30 Stets</u>	i30 Stetson ST Address	
Lehigh Aca	29, FL . 33936 City/State and Zip Code	····-
For further information concerning this matter, please call:	to @ notmwl. com (to be used for future annual report notification)	cation)
Yanelys C. Negein Cruz	at ( <u>386</u> ) <u>205 - C</u> Area Code Daytime	7   Telephone Number
Enclosed is a check for 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	STREET/COURIE Registration Section	

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

Registration Section

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Str Rees	11.0	6
(Name of the Limited Liabilit (A Florida	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>Q2</u> 	23 2015 and as greed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		r records, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
	City	, Florida Zip Code
New Desistand Apont's Signature of shoulding Desistand	Cuy	<i>Σιρ Coac</i>

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 a 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.

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 add or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name | **Address Type of Action** Yuandry Dumenigo NGR Leighigh Hores, Fl. 33936 Remove ☐ Change □ Add \_□ Remove \_\_\_\_\_ Change \_□ Add ☐ Remove ☐ Change \_□ Add ☐ Remove □ Change □ Remove \_□ Change □ Add ☐ Remove

☐ Change

	·
(If an et <u>Note:</u>	tive 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 e 90th day after the record is filed.
Dated	guiture of a member or authorized representative of a member
	Janelys C. Mesun Cunz.  Typed for printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00