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UT 20 2ME J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: JSEA BATER PAISES LLC Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Rame of Person						
JSBA ENTERPRISES LLC Firm/Company						
9815 S. OCRAN DR. Address						
JRNSEN BORNEH FC 34957 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Rame of Person at (772) 229-0246 Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
□ \$25.00 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

TO ARTICLES OF ORGANIZATION OF

JSEA EN	STERPRISE.	S LLC	
(<u>Name of the Limited Li</u> (A F	iability Company as it now an Iorida Limited Liability Compa	pears on our records.)	
The Articles of Organization for this Limited Liabili Florida document number \(\bigcup \frac{1500073}{}		4/27/15	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company,"	he designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	<u> </u>		co Co
(Principal office address MUST BE A STREET ALL) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	NA	A 5 5 1.	
B. If amending the registered agent and/or r registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	address here:		ENOV DIR
	City	<u> /n C ()</u> , Florida	Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBIL	SAGIANTHA SALDER	28 LAWILBACK LAKE.	<u>Dr</u> □ Add
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(Ifan e	tive date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	605.0207 (3)(b)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	listed as the
docui	ment is effective date on the Department of State is records.	
If the se	spard appaifing a delayed affective data, but act an effective time at 1201 a.m. on the ca	-l:£.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea e 90th day after the record is filed.	riier or:
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Dated	10/9 2015	
	A 55 E 5	emy.
	Signature of a member or authorized representative of a member	Back.
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	Typed or printed name of signee	Name .
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Page 3 of 3

Filing Fee: \$25.00