116000063758

(Re	questor's Name)	
(Ad	dress)	<u>.</u>
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(Cit	y/State/Zip/Phone	e #)
	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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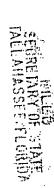


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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2016

JENNIPHER CASO JRBB INVESTMENTS GROUP, LLC 9340 WEDGEWOOD LANE TAMARAC, FL 33321

SUBJECT: JRBB INVESTMENTS GROUP, LLC

Ref. Number: L16000063758

We have received your document for JRBB INVESTMENTS GROUP, Lies and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

PAGE 3 MISSING

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.

Shelia H Young Regulatory Specialist II

Letter Number: 316A00025052

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COVER LETTER

Division of Cor				
JRBB INV SUBJECT:	ESTMENTS GROUP, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JENNIPHER CASO			
		Name of Person		
	JRBB INVESTMENTS G	ROUP, LLC		
		Firm/Company		
	9340 WEDGEWOOD LA	NE	<u></u> 4.,	^
		Address		
	TAMARAC FL 33321		16 NOV 21 PH 12: 46	617
		City/State and Zip Code	27	
	jenniphercaso@gmail.com			~ CF
	E-mail address: (to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:	46	101
jennipher Caso		754 2450573		,-
Name o	of Person		Telephone Number	
			1	
Enclosed is a check for t	he 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)	
MAII	INC ADDDESS.	STDEET/COUDII	ED ANNDESS.	

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

JRBB INVESTMENTS GROUP, LLC			
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) La Limited Liability Company)		
The Articles of Organization for this Limited Liability (Florida document number <u>L16000063758</u>	Company were filed on MARCH, 30,2016	_ and assigned	ł
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		产学
		Z	F. 77
		- S	
		5	
Enter new mailing address, if applicable:		골	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			
		ဘ	HE.
B. If amending the registered agent and/or regis		e name of th	ie new
egistered agent and/or the new registered office add	dress here:		
·			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, 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

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 = N $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			□ Remove
			Connge Connge
			يعشر إيثري
			□ Rcmare
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Iote: If the date in	isted, the date must recrted in this bl	st be specific and cann	the applicable statt	filing or more than 90 attory filing requirem	(optional) days after filing.) Pursuant to e ents, this date will not be l	505.0207 isted as
e record specif The 90th day			, but not an eff	fective time, at 1	2:01 a.m. on the ea	rlier o
ated	1	2/5/20	16	_		
	H exp	Signature of a memb	er or authorized rep	resentative of a member	er -	
	. 1	-				

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

Page 3 of 3

Filing Fee: \$25.00