## 116000124477

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	· #)
PICK-UP WAIT	MAIL.
(Business Entity Nam	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: J	1B Group	DUSA LCC	
3000001. <u></u>	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Susana	Qan O  Name of Person	
	JYB Grow	JP USA CCC Firm Company	
			mank
	8927 SW	151 ave rd	T30 6CT
		Address	1. Co
	Manie	151 ave rd Address FL 33196	ଣ •a
		City/State and Zip Code	T.
	E-mail address: (	to be used for future annual report notifi	ယ္ ication)
For further information c	oncerning this matter, please c		
0	00.3	50C 5-24-3	Ŗ <i>ℂ∙</i> Z⊘
Susana Name o	(Person	at ( <u>305</u> ) <u>784 - 3</u> Area Code Daysime	Telephone Number
Enclosed is a check for the	ne 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)
	ING ADDRESS: ration Section	STREET/COURI Registration Section	n
	on of Corporations ox 6327	Division of Corpora Clifton Building	ntions
	assec, FL 32314	2661 Executive Cer Tallahassee, FL 32	



September 20, 2018

SUSANA CANO SOTELO ACCOUNTING CORP 930 HIALEAH DRIVE, STE 10 HIALEAH, FL 33010

SUBJECT: JYB GROUP USA, LLC Ref. Number: L16000124477

We have received your document for JYB GROUP USA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Letter Number: 818A00019669

Diane Cushing Senior Section Administrator

18 GFT (7 MH IO: 35 SEE: 18 SE

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TYB Group (Name of the Limited)	USA LCC I Liability Company as it now app. V Florida Limited Liability Company	ears on our records.)	b
The Articles of Organization for this Limited Lia Florida document number <u>L 16000124</u>	bility Company were filed on _ ダ <del>タア</del>	06/29/2016	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new πame of (</u>	he limited liability company	here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," th	e designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
	<del></del>		<del></del>
B. If amending the registered agent and/o registered agent and/or the new registered offi		on our records, enter	the name of the new
Name of New Registered Agent:	Susana Car 930 Hialeak	7 D	<del></del>
New Registered Office Address:		Drive Ste	10
		, Florida	33010
	City		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 = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			Remove
			□ Change
			Add
		<del></del>	Remove
			Change
T			□ Add
		-	Remove
			□ Change
			Add
			□ Remove
			☐ Change
			∩ Add
			☐ Remove
			<b>D</b> Ch

(If an e <u>Note</u>	tive date, if other than the date of filing:
	ecord 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.
Date	1 <u>Del 0.3</u> . <u>2018</u> .
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00