LIG000184333

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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
BRASCOR			
SUBJECT:	Name of Lim	ited Liability Company	
		to 1 C - Clim	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	LIA DE ALMEIDA		
		Name of Person	
	OGC ASSOCIATES PA		
		Firm/Company	
	1761 W HILLSBORO BL	VD, STE 408	
	· _ ·	Address	<u> </u>
	DEERFIELD BEACH, FL	. 33442	fication)
		City/State and Zip Code	
	OFFICE@OGCASSOCIAT		
	E-mail address: (to be used for future annual report noti	fication) 27 5
For further information e	oncerning this matter, please c	all:	
LIA DE ALMEIDA		954 708-2817	רו
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
	☐ \$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 3 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Coo The Centre of T	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRASCOR LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000184222}{L16000184222}$.	were filed on 10/04/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
JNBPRO ENTERPRISES LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	495 SOUTH SHELL ROAD, STE A5	
(Principal office address MUST BE A STREET ADDRESS)	DEBARY, FL 32713	
Enter new mailing address, if applicable:	495 SOUTH SHELL ROAD, STE A5	9 P.3
Mailing address MAY BE A POST OFFICE BOX)	DEBARY, FL 32713	
		j. "
		<u></u>
B. If amending the registered agent and/or registered office a	address on our records, <u>enter the nam</u>	e of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
			□ Add □ CA □ CA □ Remove
			□Change
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