

LI6000207642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

NOV 17 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JSKBT 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:

CANDACE ROSS

\_\_\_\_\_  
Name of Person

GELBER AND COMPANY

\_\_\_\_\_  
Firm/Company

11450 INTERCHANGE CIRCLE NORTH

\_\_\_\_\_  
Address

MIRAMAR FL 33025

\_\_\_\_\_  
City/State and Zip Code

CROSS@GELBERCPA.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CANDACE ROSS

at ( 954 ) 435-4222

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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## Page 1 of 3

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>	<u>Type of Action</u>
MGR	JUDITH & BARRY KATZEN JTBE	1125 SAN PEDRO AVENUE	<input type="checkbox"/> Add
		CORAL GABLES FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUDITH KATZEN	1125 SAN PEDRO AVENUE	<input checked="" type="checkbox"/> Add
		CORAL GABLES FL 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(If an effective 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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 15 2016

\_\_\_\_\_, \_\_\_\_\_  
*Judith Katzen*  
 Signature of a member or authorized representative of a member

JUDITH KATZEN

Typed or printed name of signee