L17000067478

(Requestor's Name)
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APR 12 2017 S. YOUNG SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

		У			
TO: Registration Sec Division of Corp					
SUBJECT:	B EStat	es LLC ited Liability Company	,		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	J05	hua Butte	er		
	JB.	Estates LLC Firm/Company	<u>/</u>		
	525 Res	rere Road		1 A	<u>.</u>
	West Pa	M Beach, F. City/State and Zip Code	L 33405	7 APR I	
	E-mail address: (to be used for future annual report notific	cation)	- PM	
For further information con	ncerning this matter, please ca	all:		LORIDA	7
JOSKUA Name of	Butler	at (561) 310 Area Code Daytime) — 6382 Telephone Number	T A	
Englosed is a check for the	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		

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**

JB Estates L	-LC
	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L1700067478</u>	by were filed on $3/24/2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	7 (7)
	AP AFE
	= .S.F.F.
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	ST COT
	0 0
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
No. D. Maria and A. Carlotta and C. Carlotta a	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	C:

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 = Manager
AMBR = Authorized Member

Title Name Address Type of Action

Address Type of Action

Sof Revere Ray Add

Celest Palm Breach To Remove

33465 Change

Change

Remove

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		Remære	HAUGEL
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of filing on the listed. If the date inserted in this block does not meet the applicable statutory follocument's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
ne record specifies a delayed effective date, but not an effective. The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier α
Dated April 7th, 2017.	
a	
Signature of a member or authorized represents	ative of a member

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Filing Fee: \$25.00