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(Req	uestor's Name)	
(Add	ress) -	. <u> </u>
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(City	/State/Zip/Phone	e #)
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SECRETARY OF STATE

K. SALY APR 2 5 2017

COVER LETTER

то:	Registration Se Division of Cor	ction porations, ',		
SUBJEC	JB Foods, I	LLC		
SUBJEC	-l:	Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Bill McIntyre		
			Name of Person	
			Firm/Company	
		4207 SW High Meadow A	venue	
		Firm/Company 4207 SW High Meadow Avenue Address Palm City, FL 34990 City/State and Zip Code bmcintyre@wcmpa.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: 1772 288-3000 18 (
		Palm City, FL 34990		
		bmcintyre@wcmpa.com	City/State and Zip Code	• ,
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	er information co	oncerning this matter, please ca	all:	
Bill Mel				
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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

F	LED
TOTAPR 2	j
SECRETARY TALLAHASSE	OF STATE

JB Foods, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		SUCE, FI MILE
The Articles of Organization for this Limited Liability	Company were filed on April 11, 2017	and assigned
Florida document number L17000081547	,	
This amendment is submitted to amend the following:		
This different is submitted to unfold 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 "Lii	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi		nter the name of the nev
registered agent and/or the new registered office add	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florid	a Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent	t and agree to act in this capacity. I furthe	r agree to comply with the
provisions of all statutes relative to the proper and o		
accept the obligations of my position as registered a being filed to merely reflect a change in the register		
company has been notified in writing of this change		c tamica nazanty

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR =	Manager		
AMBR =	Authorized	Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	James Carr	9631 Enclave Circle, Port St. Lucie 349	86 □ Add
			■ Remove
AMBR	James B. Carr, as Trustee	9631 Enclave Circle, Port St. Lucie, 3 77	☐ Change
			Add □ Remove
			Change
		:	PS Remove
			PAR 13ve
			☐ Change
			Add
			□ Remove
			Change
			☐ Remove

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If an c Note	tive date, if other than the date of filing:	5.0207 ted as
he re Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed: $ abla 0 $	er of
Dated	Julian Harl 21. 2017	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00