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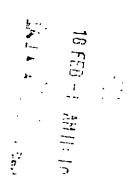
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

SUBJECT: 5V	61NE CARI	BON CUEAN	VING LLC
	Name of Limit	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	JEK+1251	S. Brown	JN .
	· • •,	Name of Person	
NEW	JSB	VENTUR	es LLC
NATIO		Firm/Company	
	1017 GR	ANVILLE C	CT·N
	, <u> </u>	Address	
	ST. PETER	SBURG, F	1 33701
		City/State and Zip Code	
	TSBIZOUN	YY @ HOTA	MAIL. COM
_	E-mail address; (to	be used for future annual re	port notification)
For further information conce	erning this matter, please cal	1:	
JEH BA	) WN	at ( <u>8/\$</u> )	Y18-1202  Daytime Telephone Number
Name of Per	rson	Area Code	Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:		
S25.00 Filing Fee I	330.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

ENGINE CAICISO	N COLANING LL
(Name of the Limited Liability Compa (A Florida Lumited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 17000 102 48 3	were filed on 5-8-2017 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: MRES LLC
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1017 GRANVILLE CT. N 5T. PSTGRSBURG, FL COM 33701
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	<u>e</u> :
Name of New Registered Agent:	<del></del>
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

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.

M/A

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
			□ Remove
			Glange D. Add
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			□ Remove
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(If an effe Note:	ve date, if other than the date of filing:	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
Dated .	TANMARY 30 . 2018.	
	Signature of a member or authorized representative of a member	
	JEFFNEY S. BNOWN	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00