117000179697

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SEGRETARY OF STATE
TALLAMASSEE FINALE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JB&C FORT LAUDERDALE 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:
ROBERT GARRETT Name of Person
Name of Person
Firm/Company
407 SEMINOLE AVE.
Address
FORT LAUDERDALE, FL 333/2 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROBERT GARRETT at (310) 228-7426 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{\$60.00 Filing Fee}\$\$ 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

TO **ARTICLES OF ORGANIZATION**

JB&C FORT LAU	IDERDALE LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	<u>y as it now appears on our records.)</u> iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L17000179697</u>	were filed on AUGUST 22, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	· — 1. D
	AHAN TO THE TOTAL THE TOTA
Name of New Registered Agent:	SSE 28
New Registered Office Address:	mo ,
	Enter Florida street address Florida
	City De Code

New Registered Agent's Signature, if changing Registered Agent:

TRRC

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ROBERT GARRETT	407 SEMINOLE AVE.	X Add
		FORT LAUBERDALE, FL	□ Remove
		33312	Change
			Remove
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			🗀 Add
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	IDA ADA
(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	AUGUST 23, 2017. Signature of a member or authorized representative of a member
	ROBERT GARRETT Typed or printed name of signee

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Filing Fee: \$25.00