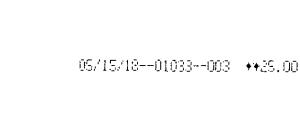
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SECRETARY OF STATES ON VISION OF CORPORATION OF CORPORATION OF CORPORATION OF THE CORPORA

N COOPER MAY 17 2018

COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT:	J J B Name of Lim	Solutions, ited Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Je,	CFREY BERNST	ein
	JI1	3 Solutions, L Firm/Company	<u> </u>
	4300	W Lake Mary Address	BLUD, suite 1018
	Laki	Mary, FL 32	746
	+heart, E-mail address: (City/State and Zip Code (CMAN 3 D 9 MAIL to be used for future annual report notifi	Can ication)
For further information c	oncerning this matter, please e		
Seffn Name o	Person	at (_ <i>856</i> _)	CO / Telephone Number
Enclosed is a check for the	ne 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**

JIB S	olutions, LCC	
(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears on our records ted Liability Company)	الع
The Articles of Organization for this Limited Liability Comparing document number \(\frac{\int 17000 237 3/8}{\tag{7.8}}.	any were filed on	2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	" or the abbreviation "L.L.B."
Enter new principal offices address, if applicable:		SECRET
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		AM 10: (
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our record <u>here</u> :	s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	25X
	, F	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag		
I have be appointed as registered ovent and	Lauree to act in this capacity. I f	urther agree to comply with th

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

<u>Title</u>	Name	Address	Type of Action
AMBR	Jason Asher	300 Sheoah Blud.	Add
		Winter Springs FL 32708	Remove
		32708	Change
			Add
			□ Remove
			Change
			Add
			Remove
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	=====================================
	X
	
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ective date, if other than the date of filing:	
record specifies a delayed effective date, but not an effective time, at $1 \cdot 1$ ne 90 th day after the record is filed.	2:01 a.m. on the earli
May 14 2018.	
(1/1/1/2)	
Seffner Beanstein Typed or printed name of signee	<u> </u>
1/ 1/ /	

Page 3 of 3

Filing Fee: \$25.00