

L18000083637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

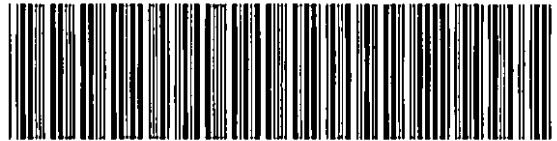
(Business Entity Name)

(Document Number)

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DUPLICATIONS  
AUG 14 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JB INTERNATIONAL CONSULTANCY 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:

JEROEN BUYS

Name of Person

JB INTERNATIONAL CONSULTANCY LLC

Firm/Company

255 DOTTEREL ROAD APPARTEMENT 1401

Address

DELRAY BEACH/ FLORIDA 33444

City/State and Zip Code

JEROEN.BUYS@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEROEN BUYS

0032

497811765

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed 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 INTERNATIONAL CONSULTANCY LLC

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

The Articles of Organization for this Limited Liability Company were filed on APRIL 02, 2018 and assigned  
Florida document number L18000083637.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

JB INTERNATIONAL CONSULTANCY AND MANAGEMENT LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

775 DOTTEREL ROAD APPARTEMENT 1401

DELRAY BEACH/33444 Florida

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

775 DOTTEREL ROAD APPARTEMENT 1401

*Enter Florida street address*

DELRAY BEACH/ Florida 33444

*City*

*Zip Code*

**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.*

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SELMA HIDASS	1500 HILLSIDE DRIVE	<input checked="" type="checkbox"/> Add
		RENO, NEVADA 89503	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SARAH STONE	755 DOTOREL ROAD	<input checked="" type="checkbox"/> Add
		APPARTEMENT 1401, 33444	<input type="checkbox"/> Remove
		DELRAY BEACH, FLORIDA	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August the 3rd 1, 2018

Signature of a member or authorized representative of a member

SELMA HIDASS

Typed or printed name of signee