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DIVISION OF COMPONENTION

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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	J & B G Name of Limite	Eneral Repaired Liability Company	ir LLC.
The enclosed Articles of Ar	nendment and fee(s) are subm	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	Justin	Name of Person	
	_ J&B	General Regain	-
	13401 Sc	J 122nd AVE Address	
	Miami) SJustin 1	FLORIDA 33 City/State and Zip Code 112@gmail.co be used for future annual report notificat	186 om
Par Grahaming and a second	·		ion)
Justine Information conference of Po	eerning this matter, please call . Sulf erson	at (<u>786)</u> <u>393 –</u> Area Code Daytime Te	0177
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

(Name of the Limited Liability Comp. (A Florida Limited	inv as it now appears of Liability Company)	on our records.)								
The Articles of Organization for this Limited Liability Company were filed on May 17, 2018 and assigned Florida document number <u>L18000123984</u> .										
This amendment is submitted to amend the following:										
A. If amending name, enter the new name of the limited liab	ility company here	2:								
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.	C."							
Enter new principal offices address, if applicable:			으							
(Principal office address MUST BE A STREET ADDRESS)		5	1517							
		AΥ	9.R							
		24	AN CONT							
Enter new mailing address, if applicable:		~								
(Muiling address MAY BE A POST OFFICE BOX)		දි	25 S							
		- t-o	io.							
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		our records, enter the name o	f the no							
New Registered Office Address:										
New Registered Office Address.	Enter Florida	a street address								
	Florida									
	City	Zip Code								
New Registered Agent's Signature, if changing Registered Agent:										
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of morovided for in Ch	y duties, and I am familiar with apter 605, F.S. Or, if this docum	and nent is							

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 <u>Address</u> **Type of Action** MGR Justin B. Sauls 13401 SW 122nd AVE miami FL, 33186 ☐ Remove _□ Change _□ Add ☐ Remove _____ Change _ 🗆 Add ☐ Remove ____

Change _□ ∧dd ____ □ Remove _____ Change _____ □ ∧dd _□ Remove _____ □ Change □ Add ____

Remove _____ Change

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	record specific The 90th day a	is a delayed effect fter the record is	tive date, but n filed.	ot an effective	time, at 12:01 a	i.m. on the earli	ier (
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Filing Fee: \$25.00