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COVER LETTER

TO: Registration Sec Division of Corp				
JB EXCLUS	SIVE LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	idence concerning this matter	to the following:		
	JORGE BADIA			
		Name of Person		
		Firm/Company		
	5981 VIA VERMILYA SU	JITE:308		
		Address		
	LAKE WORTH, FL 3346	2		
		City/State and Zip Code		
	jorge.badia2017@gmail.com	n to be used for future annual report notifi		
		·	cattony	
For further information co	ncerning this matter, please ca	all:		
JORGE BADIA	JORGE BADIA 561 629-0970			
Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	e 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 EXCLUSIVE LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on JUNE 5TH	and assigned
Florida document number L18000139169	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
JORGE E. BADIA, LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ALL ALL
(Principal office address MUST BE A STREET ADDR	(ESS)	AHA AHA
		SS SS
Enter new mailing address, if applicable:		79 - 5T
(Mailing address MAY BE A POST OFFICE BOX)		ST RID
B. If amending the registered agent and/or registered agent and/or the new registered office additional additional and/or the new registered office additional additi		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	da
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			Add
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E. Effective	e date, if other than	the date of fi	ling:			(optional)	
(If an effect	tive date is listed, the date the date inserted in the	must be specific	and cannot be price	r to date of filing cable statutory	or more than 90 da filing requireme	iys after filing.) Purs nts. this date will r	uant to 605.020 not be listed a
	it's effective date on the				<i>E</i> 1		
	rd specifies a dela Oth day after the			ot an effecti	ve time, at 1	2:01 a.m. on t	ne earlier d
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Jl Dated_	JNE 11		2018	·			
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		Signature o	fa member or att	iorized represen	tative of a member		

Page 3 of 3

Filing Fee: \$25.00