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## **COVER LETTER**

Division of Corporations JB & AP, LLC SUBJECT: 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: JONH FREDY BUSTOS CABALLERO Name of Person JB & AP, LLC Firm/Company 8901 SW 157TH AVE. SUITE 16-208 Address MIAMI, FL 33196 City/State and Zip Code F.RODRIGUEZ.ATC@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JONH FREDY BUSTOS CABALLERO Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO: ,

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 & AP, LLC		
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	opears on our records.) any)	
The Articles of Organization for this Limited Liability Company were filed or	n7/16/2018	and assigned
Florida document numberL18000170782		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	ıy here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or t	he 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 office addres	s on our records, <u>er</u>	iter the name of the new
registered agent and/or the new registered office address here:		2 <b>2 2 3</b>
		a a a a a a a a a a a a a a a a a a a
Name of New Registered Agent:		S
New Registered Office Address:		100 0 8 9 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ente	r Florida street address	FS .
City	, Florid:	a Zingada
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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>	Address	Type of Action
MGR	PAULA CAMILA ROMERO	16531 SW 68TH TER	<b>=</b> Add
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Effecti	ve date, if other than the date of filing: 7/18/2018 (option	al)		0.5.000
Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill the date inserted in this block does not meet the applicable statutory filing requirements, this d			
aocum	ent's effective date on the Department of State's records.			
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.r 90th day after the record is filed.	m. on th	e ear	lier of:
Dated_	JULY 18 / 2018			
Dates _				
	Signature of a member or authorized representative of a member			

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Typed or printed name of signee

Filing Fee: \$25.00