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COVER LETTER

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SUBJECT:	J&B Schutte, LLC	··		
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Jeff B. Schutte			
		Name of Person		
		Firm/Company		
	5810 17th Ave N			
		Address		
	St. Petersburg, FL 33710			
	City/State and Zip Code			
	Schulte 32 E-mail address: (809 (agmail. cos	ication)	
For further information	concerning this matter, please c	all:		
Jeff B. Schutte		727 459-8258		
Name	of Person	at () 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

FUED
2019 JAN 30 AM
SECILLA MARIE SIMIE

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) JUSEC. FL The Articles of Organization for this Limited Liability Company were filed on $\frac{1/18/2019}{1}$ and assigned Florida document number _____19000020337 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: J&B Enterprises, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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

_, Florida ___

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			DbA
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
-			□ Add
			□ Remove
			☐ Change
			
			□ Remove
			Change
			Add
			□ Remove

_ Change

Note:	tive date, if other than the date of filing: 01-17-5019 (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	January 28 . 2019. Significant of a member or authorized representative of a member
	2006 Shutte
	Signifure of a member or authorized representative of a member

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Filing Fee: \$25.00