L19000170085

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JB Commu SUBJECT:	nication Pro L.L.C		•
NOUSECT.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joshua Staley		
		Name of Person	
	0207 NW 92.4	Firm/Company	
	9207 NW 83rd street		
	Tamarac FL 33321	Address	
	CStaley889@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
Joshua Staley		954 857-7129 at ()	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section Division of Corporations

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 Communication PRO L.L.C		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
		and assigned
Florida document number L19000170085 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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 neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
If amending name, enter the new name of the limited liability company here: enew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" after new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) after new mailing address, if applicable: Italiang address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
	ncipal offices address, if applicable: e address MUST BE A STREET ADDRESS) ling address, if applicable: ss MAY BE A POST OFFICE BOX)	
		2019 JUL 22 FM 12: 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		22 73
		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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>	Address	Type of Action
MGR	Joshua Staley	9207 NW 83rd street Tamarac FL 33321	
		Famarac PL 35321	\ Add
			☐ Remove
			Change
MGR	Junior Beaubrun		
		9207 NW 83rd street Tamarac FL 33321	■ Remove
			☐ Change
MGR	Alexis Carson		-
	· · · · · · · · · · · · · · · · · · ·	9207 NW 83rd street	
		Tamarac FL 33321	Remove
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tument's effective date on	the Department of State's records	•		
record specifies a del	ayed effective date, but no	ot an effective time, at 1	2:01 a.m. on the earl	lier o
he 90th day after the				
July, 22	2019			
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Typed or printed name of signee

Filing Fee: \$25.00