Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000649943)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140

Phone : (561)844-3600

Fax Number : (561)842-4104

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: east COOST TOW 1@ gmail. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JTB HOLDINGS, LLC

0
0
03
\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help OSIMMONS FEB 27 2020

H200000649943

TO: Registration Section
Division of Corporations

JTB HOLDI	NGS, LLC		
SUBJECT:	Name of Limite	d Liability Company	
	Amendment and fee(s) are subm		
Please return all correspon	ndence concerning this matter to	the following:	
	Peter R. Ray, Esq.		
		Name of Person	
	Cohen Norris Wolmer Ray	Telepman Berkowitz Cohen	
		Firm/Company	
	712 U.S. Highway One, Su	ite 400	
		Address	
	North Palm Beach, FL 3340	80	
		City/State and Zip Code	
		east coast TOW 1	equail.com
For further information of	oncerning this matter, please of		
Peter R. Ray		561 844-3600 at (
Name o	of Person	Area Code Dayrime	z 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 (add:tional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JTB HOLDINGS, LLC			
Name of the Limit	ed Liability Company as it now appear (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Li Florida document number L20000015433	Sability Company were filed on $\frac{0}{2}$	1/22/2020	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liability company l	<u>here</u> :	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the	designation "LLC" or the abi	previation "L.L.C."
Enter new principal offices address, if applic			2020
(Principal office address MUST BE A STREE	ET ADDRESS)		
			26
Enter new mailing address, if applicable:			= (
(Mailing address MAY BE A POST OFFICE	(BOX)		1 1 3 S
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office address on our	r records, enter the nam	e of the new registered
Name of New Registered Agent:	JONATHAN T. BRAUNWOR	TH	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	125 VENUS STREET	Florida suces address	
			458
	TUPITER City	, Florida ³³	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

02-26-20 03:37pm fromT-534 P.04/05 F-606

If amending Authorized Person(s) authorized to manage, enter the title, name, and aduress of each person oches assess or removed from our records:

H20000649943

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	RALPH J. DELEO, CPA	401 SE SOUTHWOOD TRL	
		STUART, FL 34997	■ Remove
			☐ Change
			CAdd
			[] Remove
			□Change ○ 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		<u> </u>	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			Change
			는 2년 전 36
			□Remove
			□Remove
			□ Change
			🗆 Add
			⊡Remove
			Change

		·			
				2021	_
				2020 FEB	
				26	,
				=	
					ř
		 :			
	1.7 American				
Effective date, if othe	r than the date of fi	ling:	- CElina or more than 90 day	(optional) ys after filing.) Pursuant to 605.0 rts, this date will not be listed	207 (
(If an effective date is listed, <u>Note:</u> If the date inserte document's effective da	ed in this black does no	ot meet the applicable st	atutory filing requiremen	rs, this date will not be listed	i as t
the record specifies a dela cord is filed.	yed effective date, but	not an effective time, at	.12:01 a.m. on the earlies	r of: (b) The 90th day after	the
Dated FEBRUARY	26	2020			
Dated					
	= = 1		representative of a member		

Filing Fee: \$25.00

Typed or printed name of signer