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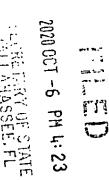
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11/12/20

COVER LETTER

TO: Registration Section

Division of Cor	porations		
SUBJECT: JB	ENGINEERIA Name of Limin	UCE SOLUTIONS ted Liability Company	LLC
	Amendment and fee(s) are submindence concerning this matter t	-	
	JANETH BA	Name of Person	DES
		Firm/Company	
	221 MAZO	PLA AVENUE, 1	LPT 402
		City/State and Zip Code	
	E-mail address: (to	@ gmail. com o he used for future annual report notif	lication)
For further information c	concerning this matter, please ca	ill:	
IANETH B	A TISTA HERWA	NDEPat () 786-	602-9076
Name c	r Person	Area Code Daytime	e 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 Addre Registration Division of C P.O. Box 63: Tallahassee.	Section Torporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENGINEERING SOLUTIONS

LLC

JB

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Hability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on September 14,2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
JANBAT CONSULTING	LLC
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	1600 PONCE DE LEON BLVD
	SUITE 1000, COEAL GABLES, FL 331
	,
Enter new mailing address, if applicable:	221 MAJORCA AVENUE
(Mailing address MAY BE A POST OFFICE BOX)	APT 402, WEAL GABLES
	FL 33134
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida
 	City Tortida
New Registered Agent's Signature, if changing Registered Agent:	m ω

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 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
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			□Remove
			☐ Change
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			□Remove
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