## K210000 52504

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## **COVER LETTER**

TO:

FO: Registration Division of C	Section Corporations		
SUBJECT:	JBC Brevar	d LLC	
, obsect.	JBC Breviar Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
	Kaithyn	Hogan Conant Name of Person	
		Brevard LLC Firm/Company	
	4910 Saint	Georges Ave Address	
For further informatic	The Brev  The Brev  E-mail address on concerning this matter, please	City/State and Zip Code and City State and Zip Code and City State and Zip Code and City State a	ilication)
Kaitlyn Nan	Conant ne of Person	at ( <u>321)</u> 412 Area Code Daytin	- 17 5 8 ne Telephone Number
Enclosed is a check fo	or the following amount:		
X \$25.00 Filing Fee	e ☐ \$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)
P.O. Box 6	on Section f Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JBC Brevard LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on 1   28   2021	and assigned
Florida document numberL2\000052504		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here;	
No Change The new name must be distinguishable and contain the words "Limited Liability	Company "the decimation of LC" or the a	hhmarinting W. L. C. "
Enter new principal offices address, if applicable:	No change	
(Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
Enter new mailing address, if applicable:	No change	
(Mailing address MAY BE A POST OFFICE BOX)	J	
		;
B. If amending the registered agent and/or registered office ado	dress on our records, <u>enter the nan</u>	ne of the new-register
agent and/or the new registered office address here:		
Name of New Registered Agent: \	Change	5
		ن ان د
New Registered Office Address: 4910	Saint Georges Ave Enter Florida street address	
Titalsu	زارد Florida	32780
	ille, Florida	Zin 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
AMBR	Kaitlyn Hogen	4910 Saint Georges Ave	□Add
		T.tusville, F132780	Remove
			□Change
AMBR	Kaitlyn Conant	4910 Saint Georges Ave	(X/Add
		Titusville, Fl 32780	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			<b>-</b>

If an effective <u>Note:</u> If the	late, if other than the date of filing:	i.0207 ( ed us t
rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Dated	June 9th 2021.  Signature of a member or authorized representative of a member  Kaitlyn Hogan Conant  Typed or printed name of signee	
-	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00