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Division of Corporations

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From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500

Fax Number : (800)432-3622

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JBTB HOLDINGS LLC

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## Docusign Envelope, ID: BA08FEE6-7543-43A8-AB6E-749B03AFF4D7 COVER LETTER

то:		dstration Sect					H24000308569
_		JBTB Holdin	ngs LLC				
SUBJE	:CT:		Name of Limi	ited Liability Co	mpany		
The end	closed	I Articles of A	mendment and fee(s) are subr	mitt <b>e</b> d for filing	ζ.		
Please	rctum	all correspond	dence concerning this matter t	to the followin	g:		
Lisa Murphy, Paralegal							
				Name of	Person		
			Dykema Gossett PLLC				
				FimvCot	npany		
			112 E. Pecan Street, Sui	ite 1800			
				Addre	255		<del></del> _
			San Antonio, Texas 782	05			
				City/State and	Zip Code		<del></del>
			lmurphy@dykema.com		ture annual report not	Cantian	
For fur	ther in	nformation col	it-mail address: (t neerning this matter, please ca		ture annual report not	meation)	
Lisa M	Aurph	у	_	21( at (	)		
		Name of	Person	Area	Code Daytin	ne Telephone N	umber
Enclos	ed is a	a check for the	following amount:				
<b>□ \$</b> 2	5.00 1	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & d Copy al copy is enclosed)	Ce: Ce:	.00 Filing Fee, rtificate of Status & rtified Copy titional copy is enclosed)
	Re Dir P.0	diing Address: gistration Sovision of Co D. Box 6327 Ilahassee, F.	ection orporations		Street Address: Registration Sc Division of Co The Centre of 2415 N. Monro Tallahassec, FI	rporations Tallahassee se Street, Su	uite 810

## Docusign Envelope ID: BA08FEE6-7543-43A8-AB6E-749803AFF4D7 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000308569

JBTB HOLI	DINGS LLC		
(Name of the Limited Liability Compa (A Florida Linuted I	nny as It now appears on or Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company Florida document number L21000240559			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	tion "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			202
			1 SEP
Enter new mailing address, if applicable:			. 0
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ls, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent:	· <del></del>		
New Registered Office Address:	Enter Florida str	vet address	
		. Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	i		
hereby accept the appointment as registered agent and agr	ee to act in this capac	city. I further agi	ree to comply with

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

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II amenuing Authorized rerson(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

H24000308569

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tamra Brown	1355 37th Street, Suite 401	□Add
	<del></del>	Vero Beach, Florida 32960	■Renxove
			Change
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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