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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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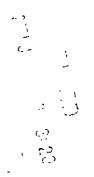
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JPTMB GROUP LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Juan G. Gartner Name of Person
JPTMB GROUP LLC
JPTMB GROUP LLC Firm/Company
11681 S. Orange Blossom Trail Suite 8
Orlando, FL 32837 City/State and Zip Code
i39h27ehotmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tuan G. Garther at (407) 818-2618 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional 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

JPTMB GROUP		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our la Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability (Company were filed on	6 - 20 21 and assigned
Florida document number <u>L21000280001</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	 -	<u> </u>
Enter new mailing address, if applicable:		· \
(Mailing address MAY BE A POST OFFICE BOX)		
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		31.0
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records,	enter the name of the new registered
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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
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			. ⊖ . ⊖ . Change
			□Add
			□Remove
		·	□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nece	ssary.)
Last name mispelled	
Update from: ACUATIA, PAULA A	
to: ACUNA, PALLA A	
Please update to show: ACUNA, PAULA	
	<u>. </u>
	 _
	
E. Effective date, if other than the date of filing:	iling.) Pursuant to 605 0207 (3)(b)
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) record is filed.	The 90th day after the
Dated	
Juan G. Gartner	٠
	-1
Juan G. Garther Typed or printed name of signee	;;) ;;)
ryped or printed name or signee	