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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Special Instructions to Filing Officer: |
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December 22, 2022

BERNARD RIBORDY 8780 SEMINOLE BLVD SEMINOLE, FL 33772

SUBJECT: JB WARD CONSULTING LLC

Ref. Number: L22000040651

We have received your document for JB WARD CONSULTING LLC and your check(s) totaling S. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 022A00028673

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RECEIVED

. . . **COVER LETTER**

TO:

Tallahassee, FL 32314

| TO: Registration Se Division of Cor | | | |
|--|--|---|---|
| SUBJECT: ブ | B WARD CONS | inctine LL C | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of . | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | PERNARD | Regord C | |
| | | ASSOCIATES Firm Company | |
| | | SEMINOUE BUD. | |
| | | | |
| | SEMIN | OLE, Fr. 33772 City/State and Zip Code | |
| | BR1B1 E-mail address (| 65259 @ AOL. C | ication) |
| For further information co | oncerning this matter, please co | all: | |
| BE/WAR | DRIBORSY | at (<u>727</u>) <u>397.</u> Area Code Daytim | 9200 Telephone Number |
| | | | |
| Enclosed is a check for th | ne following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed: | © \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | | Street Address: | |
| Registration S Division of C | | Registration Sec Division of Cor | |
| P.O. Box 632 | | The Centre of T | • |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JB WARD | CONSULTING LL | <u>ر</u> | |
|--|---|----------------------------------|-------------------------|
| (<u>Name of the Limited</u> (A | Liability Company as it now ap Florida Limited Liability Compa | ny) | |
| The Articles of Organization for this Limited Liab | oility Company were filed or | 1-21-2022 | and assigned |
| Florida document number <u>L 220000</u> 4 | | | |
| This amendment is submitted to amend the follow | ring: | | |
| A. If amending name, enter the new name of the | he limited liability compan | <u>v here</u> : | |
| The new name must be distinguishable and contain the word | ds "Limited Liability Company," | the designation "LEC" or the ab | obreviation "L.L.C" |
| Enter new principal offices address, if applicab | ole: | | |
| (Principal office address MUST BE A STREET | ADDRESS) : | | |
| | | | 2020 |
| Enter new mailing address, if applicable: | | | 2023 JAN |
| (Mailing address MAY BE A POST OFFICE BO | <u> </u> | | = 1 |
| | | | |
| B. If amending the registered agent and/or reg agent and/or the new registered office address | | ur records, <u>enter the nan</u> | ie of the new registere |
| Name of New Registered Agent: | BEWARD R | 1301204 | |
| New Registered Office Address: | BELNARD R 8180 Sem. N Enter | E BUP. | |
| | Jem, Noce | Florida street address, Florida | 33772 |
| | 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 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> | Name | Address | Type of Action |
|--------------|------------------|--------------------------|----------------|
| P. T. | Joseph WARD | 1325 FTWAUEN | □Adđ |
| | | ST. PETERSBURG Fr. 33710 | □Remove |
| | | | Change |
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| | CHANGE TO SUB-S CLASSIFICATION |
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| | RESTATEMENT OF ARTICLES OF ORGANIZATION. |
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| Note: If the | date, if other than the date of filing: /-1-2023 (optional) re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records. |
| If the record sprecord 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 the |
| Dated | 1-9-2023 |
| | |
| | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00

Typed or printed name of signee