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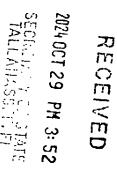
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COVER LETTER

TO:	Registratio Division of	n Section Corporations		
CHD IE		MART SERVICES L.L.C.		
SUBJE	CI:	Name of Lin	ited Liability Company	
		s of Amendment and fee(s) are sub	_	
		RINA BONILLA SUARE	_	
			Name of Person	
		JBR. AMRT SERVICES I	L.C	
Firm/Company				
		126 BUTLER CV		
			Address	
		PANAMA CITY BEACH	FL 32413	
		-	City/State and Zip Code	
		E-mail address: (to be used for future annual repo	ort notification)
For furth	ner informati	on concerning this matter, please c	all:	
RINA B	ONILLA BO	ONILLA	239 309-5	
	Nai	me of Person	at () Area Code I	Daytime Telephone Number
Enclosed	d is a check f	or the following amount:		
□ \$25	.00 Filing Fc	e S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Ad-	dress:	Street Addr	ess:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

JBR. SMART SERVICES L.L.C		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ted Liability Company))
The Articles of Organization for this Limited Liability Companies 1, 22000099367	any were filed on 02/24/2022	and assigned
Florida document number L22000099367		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	2	
Enter new mailing address, if applicable:		<u></u>
Mailing address MAY BE A POST OFFICE BOX)	·····	
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, <u>enter tl</u>	ne name of the new regis
Name of New Registered Agent:		
Name Descriptored Office Address.		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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>	<u>Address</u>	Type of Action
MGR	LEON TORRES, JOSE M	126 BUTLER CV	□Add
		PANAMA CITY BEACH FL 32413	Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
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