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COVER LETTER

	Registration So Division of Cor			
cup tre		LOPMENT SYSTEM		
SUBJEC	Γ:	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please rett	urn all correspo	ondence concerning this matter	to the following:	
		JOSUE HURTADO		
			Name of Person	
		JB DEVELOPMENT SYS	STEM	
			Firm/Company	
		1676 MARINA LAKE DI	3	
			Address	
		KISSIMMEE, FL 34744		
			City/State and Zip Code	
		BMBUSINESSSERVICES	_	
For further	r information c	n-mail address: (to be used for future annual report not	incation)
	URTADO		407 670-9900	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.00	0 Filing Fee	□ \$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)
R D P	Lailing Addres Registration Solivision of C 2.O. Box 632	Section orporations 7	Street Address: Registration Se Division of Co The Centre of T	rporations Fallahassee
Ţ	'allahassee, I	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF** FILED

JB DEVELOPMENT SYSTEM (Name of the Limited Liability Company as it now appea 2022 All Georges AM 10: 14

SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on MAY 3,12022 ASSEE, FU and assigned Florida document number L22000208936 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JB DEVELOPMENT SYSTEM LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered

(A Florida Limited Liability Company)

New Registered Agent's Signature, if changing Registered Agent:

agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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 mv 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.

Enter Florida street address

____, Florida ___

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	<u>Address</u>	Type of Action
AMBR	EVANIVALDO ORTIZ		□Add
			□Remove
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Effective date, if oth fan effective date is liste Note: If the date insertlocument's effective of	d, the date must be spec rted in this block doe	rific and cannot be prices not meet the appl	icable statutory fili	(option of the contract of the	tiling.) Pursu	ant to 605.0 ot be liste	0207 ed a s
record specifies a del d is filed.	layed effective date, l	but not an effective	time, at 12:01 a.m.	on the earlier of: (b) The 90th	day after	the
JULY 29 Dated			 				
		1/11 /1 /					
	Signatu	ge of a member or aut	horized representativ	e of a member			

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