Florida Department of State

Division of Corporations. etronic Hilms

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future ... annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JB OSCHELN INVESTMENT LLC

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C. BRUMBLEY
ULL -1-2022

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JB Oscheln Investment LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/03/22 and assigned Florida document number L22000209789 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JB Orscheln Investment 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) S B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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Effective date, if other than the date (If an effective date is listed, the date must be s Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicab	date of filing or more that old statutory filing requ	(optional) n 90 days after filing.) Purs irements, this date will i	uant to 605.0207 (3), not be listed as the
the record specifies a delayed effective dat ford is filed.	e, but not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The 90t	h day after the
Dated November 30	2022	_ ·		
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