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INSTRUCTIONS:

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11	BL HUMBLEWOOD CENTER LIMITE	D LIABILITY CO	OMPANY			
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IO: Registration S Division of Co			
JBL Humb	blewood Center Limited Liability	Company	
	Name of Limite	d Liability Company	
		-	
	Kelly A. Doyle		
		Name of Person	
	Varnum LLP		
	<u> </u>	Firm/Company	
	39500 High Pointe Blvd., Su	ite 350	
		Address	<u> </u>
	Novi, Michigan 48375		
	kadoyle@varnumlaw.com	City/State and Zip Code	
		·	cation)
For further information c	oncerning this matter, please call:		
Kelly A. Doyle		248 567-7812 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
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: Kelly A. Doyle			
■ \$25.00 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)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 SEP 13 AH 9: 46 JBL Humblewood Center Limited Liability Company (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A FL AHAS The Articles of Organization for this Limited Liability Company were filed on 05/20/2022 ____ and assigned Florida document number __L22000237082 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JBL Grove Market LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida

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>	Name	Address	Type of Action
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Effective date, if other than the date must be Mote: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prior k does not meet the applica	to date of filing or more able statutory filing re	(option than 90 days after fi equirements, this d	ling \ Purcuant	to 605.020 be listed as
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