

6/24/24, 3:25 PM

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : JULIO C BARBOSA P.A. DBA BARBOSA LEGAL  
Account Number : I20110000049  
Phone : (305) 501-4680  
Fax Number : (305) 359-9543

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

Email Address: renewals@barbosalegal.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
3JB BROTHERS CAPITAL GROUP LLC**

Certificate of Status	0
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M. SOLOMON

JUN 25 2024

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Corporate Filing Menu

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**COVER LETTER**

(((H24000217781 3)))

**TO: Registration**  
**Section Division of Corporations**

**SUBJECT:** 3JB Brothers Capital Group LLC

\_\_\_\_\_  
 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:

Erika Kitaoka da Silva

\_\_\_\_\_  
 Name of Person

Barbosa Legal

\_\_\_\_\_  
 Firm/Company

407 Lincoln Road PH-NE

\_\_\_\_\_  
 Address

Miami Beach, FL 33139

\_\_\_\_\_  
 City/State and Zip Code

renewals@barbosalegal.com

\_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika Kitaoka da Silva

305 501-4680  
 at ( )

\_\_\_\_\_  
 Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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 Address:**

Registration Section  
 Division of Corporations  
 The Centre of Tallahassee  
 2415 N. Monroe Street, Suite 810  
 Tallahassee, FL 32303

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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 24 JUN 24 PM 4:17

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

(((H24000217781 3)))

(P.L. 11/22/2022)

3JB Brothers Capital Group LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

E.F.

The Articles of Organization for this Limited Liability Company were filed on 11/22/2022 and assigned  
Florida document number L22000494879.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

407 Lincoln Rd

(Principal office address MUST BE A STREET ADDRESS)

PH-NE

Miami Beach FL 33139

N/A

Enter new mailing address, if applicable:

407 Lincoln Rd

(Mailing address MAY BE A POST OFFICE BOX)

PH-NE

Miami Beach FL 33139

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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

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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>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 STATE OF MICHIGAN

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

N/A

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CLERK OF STATE  
OFFICE**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**If** the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 24, 2024

/s/ Edwin Cisneros

Signature of a member or authorized representative of a member

Edwin Cisneros, Esq. as Authorized Representative of the Members

Typed or printed name of signee

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Filing Fee: \$25.00