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IALLAHASSEE, FLOMB.

COVER LETTER

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TO:

Registration Section

Division of Co	rporations		
	TRUCTS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOHN B. SCHUMM		
		Name of Person	
		Firm/Company	
	15075 NW 42ND TERRA	CE	
		Address	
	REDDICK, FL 32686		
		City/State and Zip Code	
	CROSSCREEK5588@GM		
	E-mail address: (to be used for future annual report noti	ification)
For further information of	concerning this matter, please c	all:	
JOHN B. SCHUMM		352 525-0399 at ()	
Name o	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JB CONSTRUCTS, LLC		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/25/2024	and assigned
lorida document number L24000193854		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabil	lity company here:	
N/A		
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		2024 T
Principal office address MUST BE A STREET ADDRESS)		国事工
		Y OF B
Inter new mailing address, if applicable:		mm + D
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
3. If amending the registered agent and/or registered office a	ddress on our records, enter the na	ame of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:	<u> </u>	<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
<u></u>	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>	Address	Type of Action
MGR	JOHN B. SCHUMM	15075 NW 42ND TERRACE	= Add
		REDDICK, FL 32686	□Remove
			□ Add
			Remove
			□ Change
			□Add
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f an eff Note:	ve date, if other than the date of filing:
recor	d 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 ed.
ated	5-10 2024
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00