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## **COVER LETTER**

TO:	Registration Sector Division of Corpo		1 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•
SUBJE	CT: 4 1 4 .	JBKB F Name of Limit	properties ited Liab lity Company	6, LLC
The enc	losed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspond	lence concerning this matter	to the following:	
		_ John_	F Bibb Name of Person	
		JBKB	Properties (	o, LC
		2707	Chapman Dale	<u> Dr</u>
		<u>Jacksor</u>	City/State and Zip Code	32257
		Karenashk E-mail address: (1	to be used for future annual report notific	COM ication)
For furt	her information con	cerning this matter, please ca	all:	
j	Laren Name of P	Bibb	at (904) 910 Area Code Daytime	5548 e Telephone Number
Enclose	d is a check for the	following amount:		 -
<b>*</b> \$25	0.00 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 Se Division of Cor P.O. Box 6327		Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
(A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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
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
<u>ma</u> R	John F Bibb	2707 Chapman Oak	□Add
		Jacksonville, Fl 322	27_ ⊡Remove
			Change
MGR	Karen A Bibb	2707 Chapman Oak D	) / □Add
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record is file	
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	Chis Osla
	Signature of a member or authorized representative of a member
	JOHN F. BIEB