

MIS 000 000 939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

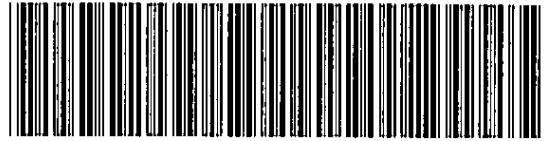
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200381012402

02/10/22--01025--005 *\$50.00

SECRETARY OF STATE
TALLAHASSEE, FL

2022 FEB 10 PM 6:15

FILED

BY BRUCE
FEB 2 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JB&B Financial Services LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Danyele E Miller

Name of Person

JB&B Capital, LLC

Firm/Company

109 S Northshore Drive Ste 200

Address

Knoxville, TN 37919

City/State and Zip Code

danyele@jbbcapital.com

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

For further information concerning this matter, please call:

Danyele E Miller at (865) 308-3362

Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:
 \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

2022 FEB 10 PM 6:15
STATE OF FLORIDA
TALLAHASSEE, FL

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: JB&B Financial Services LLC

Enter new principal office address, if applicable: 109 S Northshore Drive

(Principal office address

MUST BE A STREET ADDRESS)

Ste 200

Knoxville, TN 37919

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

109 S Northshore Drive

Ste 200

Knoxville, TN 37919

2. The Florida document number of this limited liability company is: M15000000939

3. Jurisdiction of its organization: Tennessee

4. Date authorized to do business in Florida: February 3, 2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: JB&B Capital, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

FALLS CHURCH, VA
02 FEB 0
PH 615

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

John R Mills
Signature of the authorized representative

John R Mills
Typed or printed name of signee

Filing Fee: \$25.00



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

JB&B Capital, LLC
STE P270
1111 N NORTSHORE DR
KNOXVILLE, TN 37919-2801

December 29, 2015

Filing Acknowledgment

Please review the filing information below and notify our office immediately of any discrepancies.

Control #: 540603 Status: Active
Filing Type: Limited Liability Company - Domestic

Document Receipt

Receipt #: 002362893 Filing Fee: \$20.00
Payment-Check/MO - JB & B INVESTMENTS, LLC, KNOXVILLE, TN \$20.00

Amendment Type: Articles of Amendment Image #: B0171-9654
Filed Date: 12/29/2015 11:52 AM Delayed Effective Date: 01/01/2016 12:01 AM

This will acknowledge the filing of the attached articles of amendment with an effective date as indicated above. When corresponding with this office or submitting documents for filing, please refer to the control number given above.

You must also file this document in the office of the Register of Deeds in the county where the entity has its principal office if such principal office is in Tennessee.


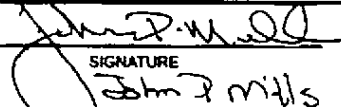
Tre Hargett
Secretary of State

Processed By: Jeff Cook

Field Name	Changed From	Changed To
Filing Name	J.B. & B. INVESTMENTS, LLC	JB&B Capital, LLC
Principal Address 2	STE P195	STE P270
Principal Postal Code	37919-3803	37919-2801
Mail Address 2	STE P195	STE P270
Mail Postal Code	37919-3803	37919-2801
Registered Agent #	0443755	0590078
Registered Agent Physical Address 2	STE P195	STE P270
Registered Agent Physical Postal Code	37919-3803	37919-2801

Sherry Witt
Register of Deeds

80171-9654 12/29/2015 11:52 AM Received by Tennessee Secretary of State, The Hargett

<p>State of Tennessee  Department of State Corporate Filings 312 Rosa L. Parks Ave. 6th Floor, William R. Snodgrass Tower Nashville, TN 37243</p>	<p>Knox County For Office Use Only FILED</p>
<p>LIMITED LIABILITY COMPANY CONTROL NUMBER (IF KNOWN) <u>540603</u> PURSUANT TO THE PROVISIONS OF §48-209-104 OF THE TENNESSEE LIMITED LIABILITY COMPANY ACT OR §48-249-204 OF THE TENNESSEE REVISED LIMITED LIABILITY COMPANY ACT, THE UNDERSIGNED ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS ARTICLES OF ORGANIZATION:</p>	
<p>PLEASE MARK THE BLOCK THAT APPLIES: <input type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE. <input checked="" type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE <u>January 1, 2016</u> (DATE) <u>12:01 pm</u> (TIME). (NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.</p>	
<p>1. PLEASE INSERT THE NAME OF THE LIMITED LIABILITY COMPANY AS IT APPEARS ON RECORD: <u>J. B. + B. Investments, LLC</u> IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW: <u>JB+B Capital, LLC</u></p>	
<p>2. PLEASE INSERT ANY CHANGES THAT APPLY: A. PRINCIPAL ADDRESS: <u>1111 Northshore Dr. Ste P-270</u> <u>Knoxville, TN Knox 37919</u> CITY STATE/COUNTY ZIP CODE B. REGISTERED AGENT: _____ C. REGISTERED ADDRESS: <u>1111 Northshore Dr. Ste P-270</u> <u>Knoxville, TN 37919 Knox</u> CITY STATE ZIP CODE COUNTY D. OTHER CHANGES: _____</p>	
<p>3. THE AMENDMENT WAS DULY ADOPTED ON <u>November, 20 2015</u> MONTH DAY YEAR (If the amendment is filed pursuant to the provision of §48-209-104 of the TN LLC Act, please also complete the following by checking one of the two boxes:) AND THE AMENDMENT WAS DULY ADOPTED BY THE <input type="checkbox"/> BOARD OF GOVERNORS WITHOUT MEMBER APPROVAL AS SUCH WAS NOT REQUIRED <input type="checkbox"/> MEMBERS</p>	
<p><u>Member</u> SIGNER'S CAPACITY</p>	<p> SIGNATURE <u>John P. Mills</u> NAME OF SIGNER (TYPED OR PRINTED)</p>

