M18000011578

(Re	equestor's Name)
(Ad	ldress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Dr	ocument Number)
(50)	seament Hombery
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer.
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W19-4319	8 cus Event

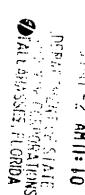
Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 747544 8059371

AUTHORIZATION :

COST LIMIT : \$ 30.00

ORDER DATE : May 1, 2019

ORDER TIME : 9:14 AM

ORDER NO. : 747544-005

CUSTOMER NO: 8059371

FOREIGN FILINGS

NAME: JSJB, LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:





FLORIDA DEPARTMENT OF STATE Division of Corporations

May 3, 2019

CSC ROXANNE TURNER

SUBJECT: JSJB, LLC

Ref. Number: M18000011578

We have received your document for JSJB, LLC and the authorization to debit your account in the amount of \$30.00. However, the document has not been filed and is being returned for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

This document is too light, it will not scan properly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 119A00008907

RECEIVED

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: JSJB, LLC			
Name of Foreign	Limited Liability Company		
Dear Sir or Madam:			
The analoged application partificate and Ser(a) a	no anhanistad Con Citina		
The enclosed application, certificate and fee(s) a	-		
Please return all correspondence concerning this	matter to the following:		
JUSTIN BOSWELL			
Name of Person	·		
Firm/Company			
MOGE PECHATCHATION POINT Address			
Address			
FUHOW , IN 46037			
THEM IN 46037— City/State and Zip Code			
E-mail address: (to be used for future annual re	eport notification)		
	·		
For further information concerning this matter, p	ease call:		
	at ()		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
S25 Filing Fee	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status &		
	Certified Copy		
CR2E055 (9/15)			

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	s on the records of the Florida Department of
State: 35JB, LUC	<u>.</u>
Enter new principal office address, if applicable:	MOGE PRESECUATION FOLINT
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Fishers, IN 46027
Enter new mailing address, if applicable: (Mailing address	MOTE PRETERVATION POINT = 12
MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited liab	bility company is: M10UCCC 11/576 To
3. Jurisdiction of its organization: [17]	
4. Date authorized to do business in Florida: 12	10 13
SECTION II (5-9 complete only the applicable c	hanges)
5. New name of the limited liability company:	Jカルウ、しし contain "Limited Liability Company," "L.L.C.," or "LLC.")
(must	contain "Limited Liability Company," "L.L.C.," or "LLC,")
	for the purpose of transacting business in Florida and attach a aging members adopting the alternate name. The alternate name." or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	d officer address on our records, enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	City Zip Code
the provisions of all statutes relative to the proper a and accept the obligations of my position as register	t and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with red agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

	acity Name		<u>Address</u>	Type of Action
12xe Manage	TETTER! A	ECHWAET-	PURCES, IN 46034	Add
WEINBET.	sice son	WALZ-	FUHERA, IN 46021	Add
		-7		Remove
				Remove
				Add
				Add

Filing Fee: \$25.00

State of Indiana Office of the Secretary of State

Certificate of Amendment of

JSJB, LLC

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

The name following said transaction will be:

JBKB, LLC

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, April 22, 2019.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 22, 2019

Corrie Lauren

CONNIE LAWSON
SECRETARY OF STATE

201811261290617 / 8251433

To ensure the certificate's validity, go to https://bsd.sos.in.gov/PublicBusinessSearch