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ALLAH SER PLONE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JR Florida Builders 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:
ROSITA TAPIA Name of Person
JR FLORIDA BUILDERS, LLC Firm/Company
1110 NE Pine Island Rd, wnit#13 Address
1110 NE Pine Island Rd, unit#13 Address Cape Corn, FL 33909 City/State and Zip Code Jicflorida builders @ email. Com Je-mail address: (to be used for future annual report notification)
Jeforidabuilders @ email. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rosi ta Tapia at (239) 244-4573 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 Certified Copy (additional copy is enclosed) \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JR FI	ORIOA Sited Liability Con	BUILDERS, npany as it now appears of ed Liability Company)	n our records.)	·		
The Articles of Organization for this Limited I. Florida document number <u>L 07 0000</u>	Liability Compa			007 a	nd assig	gned
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited li	ability company here	:			
N/A		_				
The new name must be distinguishable and end with the	words "Limited L	iability Company," the des	signation "LLC" or t	he abbrevia	ation "L.I	C."
Enter new principal offices address, if applic	cable:	N/A	·			
(Principal office address MUST BE A STRE	E <i>T ADDRESS)</i>					
					-20	
Enter new mailing address, if applicable:		N/A		Allan		1 1
(Mailing address MAY BE A POST OFFICE BOX)				े हैं ≪ <i>िह</i> क		1
				11 C.		y
B. If amending the registered agent and registered agent and/or the new registered o			ur records, <u>ent</u>	er the n	∰ en natrile of	f the new
registered agent and or the new registered o	ance address i	icre.				
Name of New Registered Agent:	N/A		· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:						
		Enter Florida	street address			
			, Florida		Code	
		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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u> <u>Name</u> **Address Type of Action** MGRM Gustavo Medrano 1113 NE 32nd St DAdd Cape Coral FL 33909 Remove _ | Add _□ Remove □ Add den _□ Remove _□ Add ☐ Remove _□ Add _□ Remove

D.	If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary	·)		
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E.	Effective (The effection)	ve date, if other than the date of filing: (optional) ctive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after			
	the date	this document is filed by the Florida Department of State)			
	Dated _	June 2/ . 2014.			
		Signature of a member or authorized representative of a member Rosi ta Tasia			
		Typed or printed name of signce			
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Page 3 of 3

Filing Fee: \$25.00