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SEUGETARY OF STATE

SER 15 2015 J. HARFILS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JR Flori do Buil dec 5 L2C 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
IR Flori da Builders, LLC Firm/Company
1110 NE Pine Island Rd, Unit # 41
Cape Cool FL 33909 City/State and Zip Code If lori da builders @ Qmail. com. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rosita Tapia at 239 244-4573 Name of Person at 239 Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scertificate of Status Sta

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 Florida E	Builders, hle
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup \frac{0700015088}{} \)	were filed on $01/29/2007$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1110 NE Pine Island Rd, Unit 40 Cape Corol, FL 33909
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our records, enter the name of the new
New Registered Office Address:	
Now Registrica 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 Age

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 = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Cape Coral, FL 3390	9 Remove
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Filing Fee: \$25.00