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Office Use Only



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COVER LETTER

	ion Section of Corporations
SUBJECT:	J KELLEY CONSTRUCTION, LLC Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all cor	rrespondence concerning this matter to the following:
	JAMES L. KELLEY Name of Person
	J KELLEY CONSTRUCTION, LCC Firm/Company
	400 BAINBRIDGE STREET Address
	PANAMA CITY BEACH, FC 32413 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
JAMES	S KELLEY at (850) 527 - 8764- Area Code Daytime Telephone Number
Enclosed is a check	c for the following amount:
\$25.00 Filing F	-
R · D	MAILING ADDRESS: Registration Section Registration of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J KELLEY CONST		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 1 2 0 000 3 0 30 3</u>	were filed on $3-5\sim 2012$	and assigned
Florida document number <u>L 1 2 0 000 3 0 902</u>	CLATEST ON 4-4	1-2019)
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	-	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
		2011 NO
B. If amending the registered agent and/or registered of		enter the name of the nev
registered agent and/or the new registered office address here	;	
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	
	, Flori	ida 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 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>AMBR</u>	SHANE LAMAR WILLIAMS	6224 SW 8TH PLACE	Add
		GAINES VILLE, FL 3260	Z_□ Remove
			Change
AMBR	STEVEN G. BARONE	18246 NW 68TH AVE APT. 218	Q Add
	•	HIALEAH, FL 33015	□ Remove
			Change
			Add
			□ Remove
			□ Change
			□ Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			_□ Remove
			□ Change

. n am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	effective date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	11-18-2019
	Signature of a member or authorized representative of a thember
	TAMES L. KELLEY Typed or printed name of signee

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Filing Fee: \$25.00