Storida Department of State Division of Corporations Died France Gilling Cover Shows

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To:	Divinia at Consortion	
	Division of Corporations	
	Fax Number : (850)617-6383	
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From:		· i
FI-OIII.		استدا
	Account Name : ACCOUNT BOOKKEEPING CORP	7.7
	Account Number : I20120000055	
	Phone : (407)898-1757	, d
		• 1
	Fax Number : (407)897-5336	1.5
*Enter *	the email address for this business entity to be used for	füture
200	ual report mailings. Enter only one email address please.	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALETECA JNL LLC

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Corporate Filing Menu

Help

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COVER LETTER

Division of Co	rporations			
SUBJECT:	PALETE	CA JNL LLC		
	Name of Lin	nited Liability Company		
The analoged Articles of	CAmor descent and English are sub-	united for Ellin		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	A	NDREA WOODARD		
	**************************************	Name of Person		
		ABK CORP		
	- William Control of the Control of	Firm/Company		
	3300 S I	HIAWASSEE RD STE 10	6	
	**************************************	Address	<u></u>	
		ORLANDO, FL 32835		
		City/State and Zip Code		
		'IONS@ABKCORP.COM to be used for future annual i		
or further information of	concerning this matter, please c		opoly Normalion)	
ANDREA W		407	898-1757	
Name of Person		at () Aren Code	Daytime Telephone Number	-
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of S	tatus &

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

TO:

Registration Section

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PALETECA JNL LLC		
(Name of the Lim	ted Liability Company as it now appear (A Florida Limited Liability Company)	on our records.)	
ne Articles of Organization for this Limited I	iability Company were filed on	07/02/2015	and assigned
orida document numberL15000112222	7		
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited liability company be	<u>re</u> :	
JP REM	ODELING SERVICES LLC		
e new name must be distinguishable and contain the	words "Limited Liability Company," the de	esignation "LLC" or the abb	revistion "L.L.C."
ter new principal offices address, if appli	cable:		
rincipal office address MUST BE A STRE.	-	,	
			<u> </u>
		- P. I.	(*)
ter new mailing address, if applicable:			<u>p</u>
ailing address MAY BE A POST OFFICE	BOX)	1)	
		27	4.2 E.y
:		and the second	C-3
If amending the registered agent and gistered agent and/or the new registered of	l/or registered office address on office address here:	our records, enter t	** · · ·
Name of New Registered Agent:	DE OLIVEIRA, JULIO MARCIO		,445877
New Registered Office Address:	1665 THETFORD CIRCLE		
	Enter Flori	da street address	
	ORLANDO	, Florida	32824
:	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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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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 = M AMBR = A	lanager uthorized Member		
Title	Name	Address	Type of Action
ANA	:		
			□ Remove
	:		☐ Change
	<u> </u>		□ Add
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***************************************	<u></u>		
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Page 2 of 3 (HI 6000 L 5 7 3 7 3 3)

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	Signature of	a member or authorized representative of a m		<u>LO</u>	14.
Pated)· ——	हैं कर है। इस के अपने के कर है		
JUNE 28		2016	A		
e record specifies a deli The 90th day after the	aved effective record is filed	date, but not an effective time, d.	at 12:01 a.m. on	the ear	lier o
ion effective date is listed, the dat <u>Vote:</u> If the date inserted in If locument's effective date on t	ns block does not	t meet the applicable statutory filing requ	an 90 days after tiling.) Pi Lirements, this date wil	irsuant to 6	sted as
Mective date, if other than	the date of fili	ing:and cannot be prior to date of filing or more the	(optional)	•	
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