## 48000015075

(Re	equestor's Name)	
(Ad	ldress)	<del></del>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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ELLECTIME DATE /18

SECRETARY OF STATE

INTERPRETATION

INTERPRETA

EL Maria

BL. VORISEK DEC 0 4 2018

## **COVER LETTER**

	gistration Sec vision of Corp			
, CUBICT		SERVICES, LLC		
SUBJECT:	:	Name of Limi	ted Liability Company	
The enclose	ed Articles of /	Amendment and fee(s) are subr	nitted for filing.	
Please retur	n all correspor	ndence concerning this matter t	to the following:	
		MANUEL JONES		
			Name of Person	
		JOJ ENTERPRISES, LLC		
			Firm/Company	
1944 49TH ST SOUTH STE 112				
			Address	<del></del>
		ST PETERSBURG, FL 33	3707	
			City/State and Zip Code	
		info@jojenterprises.com		
		E-mail address: ()	to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	all:	
MANUEL	JONES		954 601-5945 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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



November 14, 2018

MANUEL JONES JOJ ENTERPRISES, LLC 1944 49TH ST SOUTH STE. 112 ST PETERSBURG, FL 33707

SUBJECT: UBERTAX SERVICES, LLC

Ref. Number: L18000015075

We have received your document for UBERTAX SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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 (805) 245-6000.

Letter Number: 018A00023460

Brenda L Vorisek Director

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UBERTAX SERVICES, LLC				
(Name of the Limited	Liability Compan Florida Limited Li	y as it now appears on lability Company)	our records.)	5
The Articles of Organization for this Limited Liab	oility Company v	were filed on 01/17/2	en e	
This amendment is submitted to amend the follow	ving:		Organia o	Þ
A. If amending name, enter the new name of t	<u>he limited liabi</u>	lity company here:	Class 1 2 11, 8	ת ח
INTEGRITY FIRST CONSTRUCTION SERVICES	, LLC		EEE	<del></del>
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the design	nation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		1944 49TH ST SOU	лн	
		STE 119		
(Principal office address MOST BEASTREET	<u> ADDIOSS</u>	ST PETERSBURG	,FL 33707	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	(OX)	1944 49TH ST SOU STE 119 ST PETERSBURG		<u>-</u>
B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:  New Registered Office Address:	JOJ ENTERPR	e: RISES, LLC SOUTH STE 112	ur records, enter the name of	the nev
	ST PETERSBI			
	21 LE LE KOR	City	, Florida 33707 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
P	RICHARD TURNER	1944 49TH ST S STE 119 ST PETERSBURG, FL 33707	
			Remove
			Change
MGR MANUEL JONES	530 49TH ST S STE 203 ST PETERSBURG, FL 33707		
			■ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			D Add
			☐ Remove
			Change
			☐ Remove
			Change
		_	Add
			Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e	11/27/2018  ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ament's effective date on the Department of State's records.
the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the good by after the record is filed.
Dava	d NOVEMBER 27 , 2018
Date	
Date	h. Clar
Date	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00