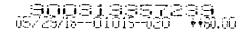
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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	Certificates o	f Status
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COVER LETTER

	egistration Sec ivision of Corp		•	
		JA CONTRACTOR, LLC		
SUBJECT	;	Name of Limi	ted Liability Company	
The enclos	ed Articles of z	Amendment and fee(s) are sub-	nitted for filing.	
Please retu	irn all correspoi	ndence concerning this matter	to the following:	
		JEANNETH DIAZ		
		-	Name of Person	
		ALVARENGA CONTRAC	TOR. LLC	
Firm/Company				
		4365 SPARKMAN RD		
			Address	
		JACKSONVILLE, FL 322	58	
		ALVARENGA 192@ YAHO	City/State and Zip Code O.COM	
		E-mail address: (t	o be used for future annual report notifi	ication)
For further	information co	oncerning this matter, please co	dl:	
JEANNE	TH DIAZ		571 355-1360	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed i	s 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)	S60.00 Filing Fee. Certificate of Status & 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALVARENGA CONTRACTOR, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Ţ DI
(Principal office address MUST BE A STREET ADDRESS)		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Enter new mailing address, if applicable:		RP RP V
(Mailing address MAY BE A POST OFFICE BOX)		10: 3
		00 Dir.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer r tortaa mreet daarem	
	Florida	Xip 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>	Name	<u>Address</u>	Type of Action
AMBR	JEANNETH DIAZ	4365 SPARKMAN RD.	_ Add
		JACKSONVILLE, FL 32258	Remove
			Change
MGR	DAGOBERTO ALVARENGA LOI	4365 SPARKMAN RD.	
		JACKSONVILLE, FL 32258	☐ Remove
			☐ Change
			_ □ Add
			Remove
			Change
			☐ Remove
			Change
			Remove
		···	☐ Change
			
			Remove
			□ Change

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ffective date, if other than t	he date of filing:			(optional)		
an effective date is listed, the date r lote: If the date inserted in this ocument's effective date on the	block does not meet	the applicable s	atutory filing requ	irements, this date w	'ursuant to 605.020 ill not be listed a	07 (as t
e record specifies a delay The 90th day after the r		, but not an	effective time,	at 12:01 a.m. o	n the earlier o	of:
MAY 23 ated)18				
		/				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00