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SECRETARY OF STATE

SECRET

cy 9/3/2025

COVER LETTER

TO: Registration So Division of Cor				
	TRUCTION OF TAMPA BAY	TLLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JOHN WILLIAMS			
	 -	Name of Person		
JCS CONSTRUCTION OF TAMPA BAY LLC				
Firm/Company				
	7217 ROYAL OAK DR			
				
	SPRING HILL, FL 34607			
	City/State and Zip Code			
	JCS2750@YAHOO.COM E-mail address: (a	to be used for future annual report notific	ration)	
For further information c	oncerning this matter, please co			
JOHN WILLIAMS		813 532-9150		
Name o	f Person	at () Area Code Daytime `	Telephone Number	
Enclosed is a check for the	he 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: Registration Section		Street Address: Registration Sect	ion	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 JUL 16 PM 4: 23

JCS CONSTRUCTION OF TAMPA BAY LLC (Name of the Limited Liability Company as it now appears on our records.) SEUNCE, L. Y OF STATE
(A Florida Limited Liability Company)

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{07/10/2018}{}$ and assigned Florida document number L18000166771 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 7217 ROYAL OAK DR Enter new principal offices address, if applicable: SPRING HILL, FL 34607 (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida __ City

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 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
MGR	LESLIE MARTINEZ	7217 ROYAL OAK DR SPRING HILL, FL 34607	= Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change

•	N/A
	N/A
(If ar No	effective date, if other than the date of filing:
If the re record i	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the s filed.
Dat	ed 7/14/2025
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	JOHN WILLIAMS
	Typed or printed name of signee

Filing Fee: \$25.00