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(Re	equestor's Name)	
(Ad	dress)	
ĎĀ)	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

SUBJECT:	JM ELIA CONSTRU	STION LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		GEORGE ILIA	
		Name of Person	
		Firm/Company	
	6627 TA	NGLEWOOD BAY DR APT 11	
		Address	
	ORLAN	NDO. FL 32821	
		City/State and Zip Code	
	·	itions@outlook.com to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	ail:	
Margarita Alvarez	f Person	at (407)	Telephone Number
		•	·
Enclosed is a check for the	ne 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

Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JM ELIA CONSTRUS			
(Name of the Limit	ed Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited L. Florida document numberL19000064014	iability Company were filed on _	MARCH 06, 2019	and ass
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability company	<u>here</u> :	
JM ILIA CONSTRUCTION LLC			
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the	designation "LLC" or the ab	breviation "L."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	TADDRESS)		<u></u>
			19 19
			138
Enter new mailing address, if applicable:			SEP 25 PH 2:88
(Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>
•			79
			88 80 11C
B. If amending the registered agent and/ registered agent and/or the new registered of	<u>~</u>	on our records, enter	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		Florida	
	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 compl provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabilit 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, <u>enter the title, name, and address of each person_be or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of.
			Remc
			Chan
			☐ Remo
			☐ Chanţ
_			
			Remov
			Change
			Add
			Remov
			☐ Change
			□ Add
		□ Remov	
			Change
			Add
			Remove
			Change

E. Effective date, if other than the date of filing: 8/29/2019 (optional) (If an 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 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli (b) The 90th day after the record is filed.
Dated 29 - AUG. 2019.
Signature of a member or authorized representative of a member
GEORGE ILIA
Typed or printed name of signee
· * h

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00