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(Requestor's Name)
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COVER LETTER

Division of (r Section Corporations			
SUBJECT:	KJCONSTRUCTION S	√C LLC		
	Name of L	imited Liability Company		
	of Amendment and fee(s) are so			
	KATHERINE JIMEN	EZ		
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	KJCONSTRUCTION S	VC LLC		
		Firm/Company		
	18 WEST AVENUE B S	Ste#1		
		Address		20 "
	MELBOURNE,FL 3290	1		## C
	KJCONSTUCTION23@	City/State and Zip Code		
	E-mail address;	to be used for future annual report notifi	cation)	PH 4:
For further information	concerning this matter, please of	eall:		C(1088)
KATHERINE JIMENE	Z	954-610-552	8	
Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration		<u>Street Address:</u> 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



April 29, 2020

KATHERINE JIMENEZ KJCONSTRUCTION SVC LLC 18 WEST AVENUE B STE 1 MELBOURNE, FL 32901

SUBJECT: KJCONSTRUCTION SVC. LLC

Ref. Number: L20000030189

We have received your document for KJCONSTRUCTION SVC. 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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 (850) 245-6050.

Letter Number: 920A00008813

Shelia H Young Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 154.1

KJCONSTRUCTION SVC. LLC		نب
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	1.11 (1)
The Articles of Organization for this Limited Li	ability Company were filled on 01/24/2020	7
Florida document number L20000030189	and assigned and assigned	
This amendment is submitted to amend the follo	owing;	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ible:	
(Principal office address MUST BE A STREET		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B		
S MALBEATUSI OFFICE B	<u> </u>	
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new register</u> <u>here:</u>	<u>ed</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Cuy , Florida Zip Code	
New Registered Agent's Signature, if changing Reg	City Zip Code	
	entre so regulate	

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 SAME ADORESS NO Change **Title** Name <u>Address</u> Type of Action AMBR KATHERINE JIMENEZ 18 W. Ave B SIE#/ DAdd **≅**Change AMBR JESUS JIMENEZ AMBR Tomas A. Vasquez _ ≣Add _ □Remove _____ 🗀 Add Remove ____ Change _____ DAdd ______ Петюve ———— □Change _____ □Add —————— □Change

-	
Ne	AMBR MGR
	AMAR MIGIC
Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the document of the date in the document of the date	te must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (2) his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
e record specifies a delayed effe rd is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2020
	4-1/6
	Significant of the state of the
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00