

122000047137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

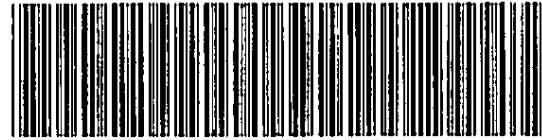
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100385527401

01/11/22 01000-000 4e27.00

SECRETARY OF STATE  
TALLAHASSEE, FL.

2022 APR 13 AM 10:35

FILED

A. BUTLER

MAY 16 2022

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SHAJOM REMODELING SVCS LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

MIGUEL A ARIZA ZAPATA  
Name of Person  
SHAJOM REMODELING SVCS LLC  
Firm/Company  
7400 HOGAN RD APT # 419  
Address  
JACKSONVILLE FL 32216  
City/State and Zip Code  
111tax333@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIGUEL A ARIZA ZAPATA                      210            900-6394  
at (            )    \_\_\_\_\_  
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             \$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  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
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**

2022 APR 13 AM 10:35

SHAJOM REMODELING LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**SECRETARY OF STATE  
TALLAHASSEE, FL**

01-26-2022

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned Florida document number L22000047137.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CONSTRUCTION & REMODELING SHAJOM LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

7400 HOGAN RD

**(Principal office address MUST BE A STREET ADDRESS)**

APT # 419

JACKSONVILLE FL 32216

**Enter new mailing address, if applicable:**

7400 HOGAN RD

**(Mailing address MAY BE A POST OFFICE BOX)**

APT # 419

JACKSONVILLE FL 32216

**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:**

Name of New Registered Agent:

MIGUEL A ARIZA ZAPATA

New Registered Office Address:

7400 HOGAN RD

*Enter Florida street address*

JACKSONVILLE

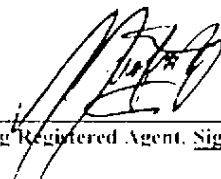
Florida 32216

*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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MIGUEL A ARIZA ZAPATA	7400 HOGAN RD APT # 419 JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE CHANGE THE COMPANY NAME FROM SHAJOM REMODELING SVC'S LLC TO

CONSTRUCTION & REMODELING SHAJOM LLC

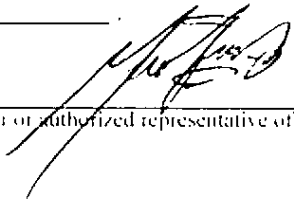
**E. Effective date, if other than the date of filing: 02-25-2022 (optional)**

(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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 25, 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MIGUEL A ARIZA ZAPATA

\_\_\_\_\_  
Typed or printed name of signee