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COVER LETTER

	Registration So Division of Cor		÷	, .		
SUBJEC		struction LLC/ Aceves Construc	etion LLC			
SOBJEC	,ı. <u> </u>	Name of Limi	ted Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Marie L Sarria				
			Name of Person			
		On-Site Accounting Inc				
			Firm/Company			
		304 E Baker Street Suite E)			
		Address				
		Plant City, FL 33563				
			City/State and Zip Code			
		lizzette@on-siteaccounting. E-mail address: ()	net to be used for future annual	report notification	on)	
For furth	ner information o	oncerning this matter, please ca		•		
Marie L	Sarria			J-9516		
	Name o	of Person	at () Area Code	Daytime Tel	ephone Number	
Enclosed	d is a check for t	he following amount:				
	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addre		Street Ac			
	Registration			ation Section		
	Division of C P.O. Box 632	-		n of Corpora atre of Talla		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

J & A Construction LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 4-17-2020	and assigned
lorida document number 1.20000105522		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited l	iability company here:	
Aceves Construction LLC		
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" o	
Inter new principal offices address, if applicable:		020.
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		를 는
inter new mailing address, if applicable:		8: 07
Mailing address MAY BE A POST OFFICE BOX)		03
	-	
3. If amending the registered agent and/or registered offi	ce address on our records, enter th	e name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	City	Zîp 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.

City

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>	Type of Action
MGR	J Santos Aceves	519 Greenway Dr	≣Add
		Plant City, FL 33566	□Remove
			□Change
			□Add
			□Remove
			Change
	- 		
		****	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			☐ Change

			
			
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Effective date, if other than the offertive date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department of the Departme	be specific and cannot be prior ck does not meet the application.	able statutory filing requires	
e record specifies a delayed effective rd is filed.	date, but not an effective tin	me, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
Dated June 15	. 2020		
- Jauna	Roches	orized representative of a memi	ber
		,	
Laura Rodriguez			

Filing Fee: \$25.00