L07000015088

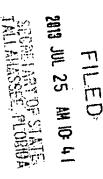
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u>·</u>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400249728344

07/25/13--01003 -007 **30.00



N. Oulligan JUL 29.20181

COVER LETTER

TO: Registration Sec Division of Corp		**************************************	•
SUBJECT: JR	Flori da Bui Name of Limite	Iders, LLC ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Ros	Sita Tapia Name of Person	
	JR FI	orida Builders, LLC Firm Company	
		X 15 1168 Address	
		City/State and Zip Code	
	Jrfloria E-mail address: (to	da builders @ yahoo be used for future annual report notification	0. 6 _m
For further information con	ncerning this matter, please ca	11:	
ROE!	ta Tapia Person	at (239) 244- 45 Area Code & Daytime Tel	73 ephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	XIS30.00 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 ADDRESS: 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

FILED

2013 JUL 25 AM 10: 41

JR Fin	ZIDA R	uu DEDS	SECRETAR LL ZALLAMAS n our records.)	IYOF STATE SEE, FLORIDA
(Name of the Limited Lin (A Flo	bility Company	v as it now appears o	n our records.)	
The Articles of Organization for this Limited Liabi	lity Company v			_ and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	<u>e limited liabil</u>	ity company here:		
The new name must be distinguishable and end with the "L.L.C."	e words 'Limite	ed Liability Company	," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicabl	e:	301 Nu) 35th PL	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET A	ADDRESS)	Cape (135th PL Some, FL E	33993
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office			records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	4 - 100 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
		Enter	Florida street addre	ess
-			, 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 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
<u>Coo</u>	JOE DULZAIDES	325 NE 27th St.	Add
		Capre Coral FL 33909	Remove
Coo	Gustavo MEDRANO	1113 NE 32nd St.	Add
		Cape Coral FL 33906	Remove
			Remove
			_
			Add
			Remove
			Add
			Remove
			_
			Add
			Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
	•
ad	July 23 , 2013.
cu	
	Finta U
	Signature of a member or authorized representative of a member
	Rosita Tapia
	Typed or printed name of signet

Page 3 of 3

Filing Fee: \$25.00

2012 JUL 25 MI O: 41