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(((H16000026569 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC

Account Number : I20050000099

Phone

: (813)932~5244

Fax Number

: (813)932~3782

**Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please

Email Address: bill@activatemvlicense.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

JASPERSTONE INV LLC

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To:

Fax: +1 (850) 617-6383

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COVER LETTER

(((H16000026569 3)))

ТС	P: Registration Se Division of Corp			
SU	BJECT: JASPER	STONE INV LLC		,
			ited Liability Company	
The	e enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Ple	ase return all correspon	ndence concerning this matter	to the following:	
		BILL MOORE	- <u>-</u>	
			Name of Person	
		CONTRACTORS RE	EPORTING SERVICE INC	
			Firm/Company	
		13795 N NEBRASK	A AVE	
			Address	
		TAMPA, FL 33613		
			City/State and Zip Code	·
		info@activatemylicer	se.com	
		·	to be used for future annual report notif	ican on)
For	further information co	oncerning this matter, please ca	all:	
ВІ	LL MOORE		at (813) 932-5244	,
	Name of	Person	Area Code Daytime	: Telephone Number
End	closed is a check for th	e 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Fax: (813) 932-5244

Fax: +1 (860) 617-6383

To:

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF (((H16000026569 3)))

JASPERSTONE INV LLC (Name of the Limited Liability Compar (A Florida Limited Li	ıy as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on 12/8/2010	and assigned
Florida document number <u>L10000126162</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
JASPERSTONE BUILDING CONSTRUCTION AND	MANAGEMENT LLC	
The new name must be distinguishable and end with the words "Limited Liabi		ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2632 NW 43RD ST; RM 218	
(Principal office address MUST BE A STREET ADDRESS)	GAINESVILLE, FL 32606	17 m + 1
Enter new mailing address, if applicable:	PO BOX 357217	8 - 7
(Mailing address MAY BE A POST OFFICE BOX)	GAINESVILLE, FL 32635	့်သည်း တို့
		103
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	W7H 4.5 AB _	
	, Florida,	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

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MGR= M MBR= A	anager uthorized Member		(((H16000026569 3)))
<u>`itle</u>	<u>Name</u>	Address	Type of Action
			Add
			——□ Remove
			Remove
		· 	
		,	Remove
			Remove
			Zi Z
			Add Remove

U. II amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	010 2.32 PM
	(((H16000026569 3))) —
,	
	
E. Effective date, if other than the date of filing: (optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Plorida Department of State)	
Dated FEBRUARY 1 , 2016	
Signature of a member or authorized representative of a member	
RAYMOND MOBLEY Typed or printed name of signee	

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Filing Fee: \$25.00