## 1110000045258

(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



100339000011

01/13/20 -01013--024 \*\*25.00

O SIMMONS FEB 1 1 2020

## **COVER LETTER**

	egistration Sec Division of Corp			
SUBJECT		ruction LLC		
		Name of Limi	ited Liability Company	<del></del>
The enclos	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspor	ndence concerning this matter	to the following:	
		Willie Montanez Sisco		
		-	Name of Person	
		Jadna Construction LLC		
			Firm/Company	
		2812 Floral Rd.		
			Address	<del></del>
		Lake Worth, FL 33462		
		montanezcontractors@yaho	City/State and Zip Code o.com	<del></del>
		E-mail address: (t	o be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	dl:	
Carlos Mo	ontanez Roman		540 538-0996 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for the	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 Tailahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jadna Construction LLC (Name of the Limited I	iability Compa	any as it now appears on our rec Liability Company)	ords.)		
he Articles of Organization for this Limited Liabi	lity Company	were filed on 04/15/2011	and assign	ed	
lorida document number L11000045258	·				
his amendment is submitted to amend the followi	ng:				
. If amending name, enter the new name of th	e limited liab	ility company here:			
			SR 707		
he new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation "I	LLC" or the abbreviation "L.L.C.	.··_	
nter new principal offices address, if applicabl	e:	2818 Sera Bella Way		- <u>`</u>	
Principal office address MUST BE A STREET A	(DDRESS)	Kissimmee, FL 34744	<u> υ</u> <u>L</u>	· 7**	
		•		( )	
			11/2 -1	rrif	
nter new mailing address, if applicable:		2812 Floral Rd.	35 FL		
Mailing address MAY BE A POST OFFICE BO	Lake Worth, FL 33462				
. If amending the registered agent and/or egistered agent and/or the new registered office			ords, enter the name of	the	
Name of New Registered Agent:					
New Registered Office Address:	2818 Sera Bell	a Way			
	Enter Florida street address				
1	Kissimmee		Florida 34744		
		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>	Address	Type of Action
MGR	Deborah Montanez-Santiago		_ □ Add
		1450 Skybolt Ct	
		Orlando, FL 32825	
			Change
MGR	Carlos Montanez-Roman	2812 Floral Rd.	
<del></del>		Lake Worth, FL 33462	B Add
			<b>5</b> 5
			☐ Remove
			SECRETARIAN TALLA
			Change Change
			9 Add
		····	Add Add
			OI
			Change
			□ Add
			Remove
			Change
			<b></b>
			Remove
			Change
			Remove
			Change

										-
	1,02			. <u> </u>						_
							<del> </del>		<del></del>	_
										_
										_
										_
	_									
										_
•								- 5E	2020	
	_							PO CE	A.	_
_								<u>보고</u> 동조	$\overline{\omega}$	- [
_		<del></del>	<del></del>							i i
_		<del></del>						E S		-
		· · ·		<del>.</del>					<u> </u>	_
_										_
										_
										_
in effecti ote: If	tive date is listed, t the date inserted	than the date of the date must be specified in this block do to on the Departm	cific and ca es not mee	nnot be prio t the appli	cable statute	ing or more that ory filing requi	option 90 days after rements, this	filing.) Purs	suant to 60 not be lis	5.0207 ( ted as (
cumen	it s cirective dati	c on the Departit	chi or stat	e s records	•					
recor	rd specifies a	delayed effection the record is	ctive dat	e, but n	ot an effe	ctive time,	at 12:01 a	a.m. on t	he earli	ier of
THE 3	oth day after	the record is	illeu.							
ated	9 0	anuary	,	2020	2/					
			, 1	1						
	<del></del>	Signati	ure of a mei	nbor of auth	orized repres	sentative of a m	ember			
			/	<i>/</i>						

Page 3 of 3

Filing Fee: \$25.00