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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

FEB 18 2018 T MAMPTON 12

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: IRS TAKEOFF AND CONSTRUCTION SERVICES LLC. Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
PAMEZA E.S. SmiTM. Name of Person
JRS TAKEOFF AND CONTRUCTION SERVICE LLC. Firm/Company
15799-88TH TRAIL NORTY. Address
PANM BEACH GARDENS FL. 33418. City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (561) 436-5132. Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Expelse of the section Parameter Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\infty\$ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1RS TAKEOFF AND CONSTRUCTION SERVICES LLC.

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company were filed on Oct. 19	
Florida document number <u>L11000119</u>	<u>959.</u> .	FEB 10
This amendment is submitted to amend the foll	owing:	O AM
A. If amending name, enter the new name o	f the limited liability company here:	AM 11: 55
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/ registered agent and/or the new registered o		ds, enter the name of the new
Name of New Registered Agent:	PAMELA E. SMIT	м
New Registered Office Address:	SAME.	a street address
	City	Florida Zip Code
Y B 14 14 60 4 50 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Ony	Zip Couc

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 amedding the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
EW MGR,	PAMELA E SMITY.		MAdd (cua~qo Remove From Maka
νέ~ MqRM	JAY R. SmITY		Add Remove
<u>mq nm</u>	PAMELA E SMITY.		Add Remove
<u>M G R.</u>	JAR. R. SMITY.		Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary	.)
<u></u>	MANGING STATIONS	OF MGRYMGENI.	
Dated F	EB 8 . 201	2 .	SECRETARY DIVISION OF CO
	Jaff Signature of a member of	or authorized representative of a member TY or printed name of signee	Y OF SIALE SORPORATIONS

Page 2 of 2

Filing Fee: \$25.00