## L12000133134

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT . MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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SECRETARY OF STATE
AND AHASSEF, FLORIDA

JAN 1 0 2013 J. BRYAN

## **COVER LETTER**

TO: Registration Section
Division of Corporations

J & M Sitework, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tina L. Caraballo

Name of Person

Caraballo Law Firm, P.L.

Firm/Company

P.O. Box 782353

Address

Orlando, FL 32878

City/State and Zip Code

tcaraballo@caraballolawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina L. Caraballo

,,407**,601-5006** 

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



J & M Sitework, 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 Lia	ability Company v	vere filed on 10/18/201	2 and assigned
Florida document number L12000133134	•		
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of	the limited liabil	ity company here:	
N/A			
The new name must be distinguishable and end with "L.L.C."	n the words "Limite	d Liability Company," the o	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:	N/A	
(Principal office address MUST BE A STREE)	T ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE )	BOX)		
B. If amending the registered agent and/or the new registered of			rds, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Flori	da street address
		<del></del>	, Florida
		City	Zip Code
New Registered Agent's Signature if changing P	enictered Ament		

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, 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>	Name	<u>Address</u>	ype of Action
MGRM	JOSPEH MATTHEWS	3631 PAWLEYS LOOP SOUTH	Add
		SATIN CLOUD, FL 34796	Remove
MGRM	JOSEPH MATTHEWS	3631 PAWLEYS LOOP SOUTH	Add
		SAINT CLOUD, FL 34769	Remove
			Add
		SECRE TALL AH	Remove
		ARY OF STALE ASSEE, FLORIDA	Adm
			Add
			Remove
			Add
			Remove

ion, enter change(s) here: (Attach additional sheets, if necessary.)
Matthewanature of a member or authorized representative of a member
Typed or printed name of signee  Page 3 of 3
-

Filing Fee: \$25.00

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