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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	JBV Constr	uction, LLC		
SUBJECT.		Name of Limited Liability Company	_	
The enclosed	Articles of	Amendment and fee(s) are submitted for filing.		
Please return	all correspon	ndence concerning this matter to the following:		
		Jefferson Brook Vonier		
		Name of Person		
		JBV Construction, LLC		
		Firm/Company		
		47010 Sw St Rd 65	d	
		Address	2011 	
		Bristol, FL. 32321	禁心 声	
		City/State and Zip Code	10 - 0 10 - 0	77
		aprilzanco@gmail.com		
D 6 d '	6	E-mail address: (to be used for future annual report notification)		
ror turtner ir	normation co	oncerning this matter, please call:		
Jefferson Bro	ook Vonier	850 447-3483 at ( )		
	Name of	Person Area Code Daytime Telephone Nur	mber	
Enclosed is a	check for th	e following amount:		
\$25.00 F		☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Certified Copy Certified Copy (additional copy is enclosed)	0 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)	

MAILING ADDRESS:

**Registration Section** 

TO:

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

JBV Construction, LLC				
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our record ited Liability Company)	<u>s.</u> )		
	pany were filed on Feburary 05, 2013	3	_ and ass	signed
Florida document number E13000180338				
This amendment is submitted to amend the following:				
The Articles of Organization for this Limited Liability Company were filed on Liability Company were filed on Liability Company were filed on Liability Company Liability Company here:  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the game of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:				
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC	" or the abbre	viation "L	L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS	<u> </u>			
		250	23	
		5	-	
Enter new mailing address, if applicable:		27		# J
	A	1P.	U	
		S:	- 1	- ()
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records here:	s, enter the	e æme	of the ne
Name of New Registered Agent:				···
New Registered Office Address:				
	Enter Florida street addres	S		
		orida		
	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

THE HE

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Jake Stephens	47010 Sw St Rd 65	<b>■</b> Add
		Bristol, FL. 32321	☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			<u> </u>
			□ Remove
			GAdd
			Remove
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		02/28/17			ا مالا	ਹੌਂ।
Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	iust be specific a block does not	ing: and cannot be pric t meet the appli	cable statutory	or more than 90 days	optional) after filing.) Pursu this date will n	nant to 605.0207 ot be listed as
the record specifies a delayor The 90th day after the re	ed effective ecord is filed	date, but no	ot an effecti	ve time, at 12:0	)1 a.m. on th	ne earlier of
Dated Feburary 28		2017				
			<del></del> , -			

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Typed or printed name of signee

Filing Fee: \$25.00