

# L1300001869S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

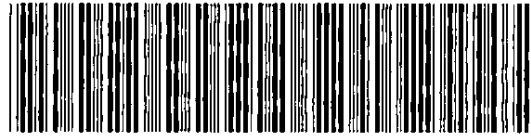
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500300753735

06/28/17--01006--011 \*\*25.00

SECRET  
17 JUN 28 AM 11:21  
17 JUN 28 AM 9:39  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
JUN 28 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JBV Construction, 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:

Jefferson Brook Vonier  
Name of Person  
JBV Construction, LLC  
Firm/Company  
101 Covington Circle  
Address  
Crawfordville, FL 32327  
City/State and Zip Code  
jessblankenship79@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jefferson Brook Vonier at ( 850 ) 447-3483  
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)

FILED  
17 JUN 28 AM 9 39  
TALLAHASSEE, FLORIDA

**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**

JBV Construction, 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 Liability Company were filed on June 28, 2017 and assigned Florida document number L13000018695.

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 "L.L.C."

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 name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

Florida

City

Zip Code

FILED  
JUN 28  
9 28  
AM  
17

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jake Stephens	P.O. Box 201	<input type="checkbox"/> Add
		Eastpoint, FL 32328	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tanner Moses	P.O. Box 201	<input type="checkbox"/> Add
		Eastpoint, FL 32328	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ethan Vonier	P.O. Box 201	<input checked="" type="checkbox"/> Add
		Eastpoint, FL 32328	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 JUN 28 11 40 AM '08  
 TALLAHASSEE, FL  
 17

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 06/28/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FILED JUN 28 AM 9:40

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 28 2017

*Handwritten signature of Jefferson Brook Vonier*

Signature of a member or authorized representative of a member

Jefferson Brook Vonier

Typed or printed name of signee