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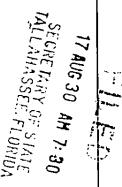
(Re	questor's Name)	
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## **COVER LETTER**

TO		istration Sec ision of Corp							
er:	DICCT.	JBV Constru	action, LLC						
SUBJECT: Name of Limited Liability Company									
The	e enclosed	Articles of A	Amendment and fee(s) are subm	nitted for filing.					
Ple	ase return	all correspor	ndence concerning this matter to	o 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.co						
			E-mail address: (to	be used for future annual report notific	ation)				
Fo	r further i	nformation co	oncerning this matter, please cal	II:					
Je	fferson Bi	ook Vonier		850 447-3483					
		Name of	Person	at ()	Celephone Number				
En	closed is	a check for th	e following amount:						
	\$25.00 H	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

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 August 24, 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 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 Type of Action <u>Title</u> <u>Name</u> **Address** P.O. Box 201 Cayle Zingarelli **AMBR ■** Add Eastpoint, FL 32328 □ Remove ☐ Change □ Add ☐ Remoye \_□ Change \_□ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add \_□ Remove \_□ Change

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the record s ) The 90th	specifies a delaye day after the red	d effective d cord is filed.	ate, but not	an effective	e time, at 12	:01 a.m.	on the (	earlier of:
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Dated	$\rightarrow \searrow$	Signature of a r	nember or author	rized representat	ve of a member		• • • • •	_

Page 3 of 3

Filing Fee: \$25.00