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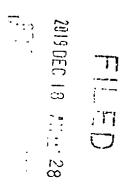
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Registration Section Division of Corporations

	JBV CONSTRUCTION, LLC	
IJECT:		
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enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Brook Vonier Name of Person	
Brook Vonier	
Name of Person	
JBV CONSTRUCTION, LLC	
Firm/Company .	٠,
156 Jack Langston Road	
Address	
Sopchoppy, FL 32358	tatus &
City/State and Zip Code	
jessblankenship79@gmail.com	
E-mail address: (to be used for future annual report notification)	
further information concerning this matter, please call:	
sica Blankenship 850 274-3381	
Name of Person Area Code Daytime Telephone Number	
losed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus & ,

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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) Articles of Organization for this Limited Liability Company were filed on $\frac{02/05/2013}{2}$ and assigned ida document number L13000018695 amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: iling address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new registered it and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is agent to merely reflect a change in the registered office address. I hereby confirm that the limited liability upany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

emoved from our records:

R = Manager BR = Authorized Member

2	<u>Name</u>	Address	Type of Action
BR	Ethan Vonier	P.O. Box 201	□Add
		Eastpoint, FL 32328	≣Remove
			□Change
BR	Jackson T. Mahon	P.O. Box 201	□Add
	•	Eastpoint, FL 32328	■Remove
			□Change
			□Add
			□Remove
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ive date, if other than the date ective date is listed, the date must be sport the date inserted in this block duent's effective date on the Department.	pecific and cannot be price oes not meet the apple	or to date of filing or i icable statutory fili	nore than 90 days a	otional) fter filing.) Pursi this date will r	uant to 605.020 not be listed a
d specifies a delayed effective date led.	e, but not an effective	time, at 12:01 a.m.	on the earlier of:	(b) The 90th	h day after the
16th day of December	2019				
	nture of a member or aut				