# L13000018695

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 1, 2020

BROOK VONIER JBV CONSTRUCTION, LLC PO BOX 201 EASTPOINT, FL 32303

SUBJECT: JBV CONSTRUCTION, LLC

Ref. Number: L13000018695

We have received your document for JBV CONSTRUCTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 620A00016798

Shelia S Young Regulatory Specialist II

www.sunbiz.org

### **COVER LETTER**

	f Corporations	
SOBJECT:	Name of Limited Liability Company	
The enclosed Art	Name of Limited Liability Company  and Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  Brook Vonier  Name of Person  JBV Construction. LLC  Finn/Company  P.O. Box 201  Address  Eastpoint, FL 32303  City/State and Zip Code  jessblankenship79@gmail.com  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call: iter  at (850) 447-3483  Area Code Daytime Telephone Number	
Please return all	respondence concerning this matter to the following:	
	Brook Vonier	
	Name of Person	
	JBV Construction, LLC	
	Firm/Company	
	P.O. Box 201	
	Address	
	· · · · · · · · · · · · · · · · · · ·	
For further infor	tion concerning this matter, please call:	
Brook Vonier	850 447-3483 at ()	
	ame of Person Area Code Daytime Telephone Number	
Enclosed is a che	for the following amount:	
■ \$25.00 Filin	Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Co	of Status & opy

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

## ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JBV Construction, LLC

( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our record nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L13000018695	pany were filed on 02/05/2013	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 "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 name of the new registered agent and/or 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		
A. If amending name, enter the new name of the limited	l <u>liability</u> 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 ADDRES	<u>(SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	5.5
		oridaZip Code
	Chy	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

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>	Name	Address	Type of Action
AMBR	Ethan Vonier	P.O. Box 201	□Add
		Eastpoint, FL 32338	
			□Change
AMBR	Brandon N Brown	P.O. Box 201	<b>=</b> Add
		Eastpoint, FL 32358	□Remove
			□Change
AMBR	Cole Cassiano	P.O. Box 201	<b>=</b> Add
		Eastpoint, FL 32338	□Remove
			□Change
			□Add
			□Remove
			□Change
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		<del></del>	□ Change
			□Add
			□Remove
			Change

Effective date, if other than the date of filing:    O7/14/2020							
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	Jated		<del></del> .				
					: <b>*</b>		
Brook Vonier		Signature of a memb	er or authorized	representative of a r	nember		
PALITICAL MATERIAL TO A CONTROL OF THE PARITICAL PROPERTY OF THE PARIT	Decale Ventur	/	\				

Filing Fee: \$25.00