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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number: (850)617-6383

From: Account Name: ASAP ACCOUNTING SERVICES INC
Account Number: 120180000009
Phone: (239)352-4099
Fax Number: (239)919-5333

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: asapaccounting@me.com

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2019 APR -2 AM 9:44
TALLAHASSEE
FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JOBEZ LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

APR -3 2019

S. PRATHER

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT:** JOBEZ 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:

JOHN MORALES

Name of Person

JOBEZ LLC

Firm/Company

2504 FLOYD AVENUE SOUTH

Address

LEHIGH ACRES, FL 33976

City/State and Zip Code

asapaccounting@me.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN MORALES
Name of Person at (239) 238-2900
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)

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

JOBEZ 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 04/05/2013 and assigned

Florida document number L13000650238

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JOBEZ CONSTRUCTION LLC

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:

2504 FLOYD AVENUE SOUTH

(Principal office address MUST BE A STREET ADDRESS)

LEHIGH ACRES, FL 33976

Enter new mailing address, if applicable:

2504 FLOYD AVENUE SOUTH

(Mailing address MAY BE A POST OFFICE BOX)

LEHIGH ACRES, FL 33976

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

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>
.....			☐ Add
			☐ Remove
			☐ Change
.....			☐ Add
			☐ Remove
			☐ Change
.....			☐ Add
			☐ Remove
			☐ Change
.....			☐ Add
			☐ Remove
			☐ Change
.....			☐ Add
			☐ Remove
			☐ Change
.....			☐ Add
			☐ Remove
			☐ Change

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

04/01/2019

E. Effective date, if other than the date of filing: (optional)

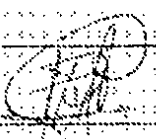
(If an effective date is listed, the date must be specific and cannot be prior in date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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 APRIL 1 2019



Signature of a member or authorized representative of a member

JOHN MORALES

Typed or printed name of signee

FILED
2019 APR -2 AM 9:44
TALLAHASSEE, FL