613000149290

(Requesto	r's Name)
(Address)	
(Address)	e/Zip/Phone #)
PICK-UP	
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (Officer:

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11/15/16--01013--004 **35.00

2016 DEC - 2 AM 9: 42

M. MILLIGAN DEC 1 2 2016



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2016

SEE Attached

RENOVATIONS JB, LLC ATTN: JENNY BARBOZA 3493 WRY RD LAKE WORTH, FL 33467

SUBJECT: RENOVATIONS JB, LLC

Ref. Number: L13000149290

We have received your document for RENOVATIONS JB, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

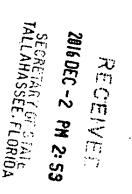
The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 916A00024411



COVER LETTER

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company WRY Rd. REMOVATIONS 16 C hotrail-com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Renovations	1	3, LL	<u>C</u> _	
(Name of the Limited I	Liability Compar Florida Limited L	y as it now appear iability Company)	s on our records.)	On the second
The Articles of Organization for this Limited Liabi Florida document number		were filed on	10-01-16	and assigned
This amendment is submitted to amend the followi	ng:			ं है
A. If amending name, enter the new name of th	e limited liabi	lity company he	<u>re</u> :	The second
The new name must be distinguishable and contain the words	s "Limited Liabili	ty Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		3493 LAKE 1	WRY Rd Worth, F1	33467
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	3493 Lake U	Wry Rd weth, Fl	33467
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, enter	the name of the new
Name of New Registered Agent:	Jan	my BA	eboza	
New Registered Office Address:	349	3 Luce	Red. ida street address	
-	LARE	Worth	Florida	33467 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

Page 1 of 3

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 Title Name **Address** Type of Action Jenny Barbara 3493 Wky Rd 0 Add LAKE Worth FI 33467 Remove Jenny CARO 2405 Scaside DR. DAdd GREENACRES F1 33463 KREMOVE _____ Change V YAIN BALZA 3493 Wey Rd. XAdd LAKE Worth, of 33467 Remove □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ote: If	tive date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
	Oth day after the record is filed.
The 9	Oth day after the record is filed.
The 9	0th day after the record is filed. 11-28-16 6-
	Oth day after the record is filed. 11-28-16 6.

Page 3 of 3

Filing Fee: \$25.00