

L14000008531

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JAN -4 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & J CONTRACTING SPECIALTY 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:

DAVID, GOINS

Name of Person

J & J CONTRACTING SPECIALTY LLC

Firm/Company

1657 S KIRKMAN RD APT 361

Address

ORLANDO, FL 32811

City/State and Zip Code

j.j.contracting.specialty.llc@gmail.com

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

For further information concerning this matter, please call:

DAVID GOINS

423

923-0655

at (_____) _____

Name of Person

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**

J & J CONTRACTING SPECIALTY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/15/2014 and assigned Florida document number L14000008531.

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: RAYMOND GOINS

New Registered Office Address: 6519 STARDUST LN LOT # 212

Enter Florida street address

ORLANDO, Florida 32818

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>
MGRM	STEVEN GOINS	1657 S KIRKMAN RD	☐ Add
		APT 361	☒ Remove
		ORLANDO, FL 32811	☐ Change
MGRM	RAYMOND GOINS	6519 STARDUST LN	☒ Add
		LOT # 212	☐ Remove
		ORLANDO, FL 32818	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Change

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(If an effective date is listed, the date must be specific and cannot be prior to 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.

Dated DECEMBER 28

2016

David R. King

Signature of a member or authorized representative of a member

DAVID GOINS

Typed or printed name of signee