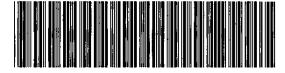
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAX Quality Improvements, 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:

Mauricio Nieto

Name of Person

Jax Quality Improvements, LLC

Firm/Company

4034 Dalry Dr

Address

Jacksonville, Florida 32246

City/State and Zip Code

jaxqualityimprovements@yahoo.com

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

For further information concerning this matter, please call:

Eileen V Olaiz

ıı (_____)

904、537-5131

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

Jax Quality Improvements, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000026786	were filed on February 17, 2014	4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	sility company here:	
The new name must be distinguishable and end with the words "Limited Liab	11. C	Elizabeth Car
The new name must be distinguishable and end with the words "Limited Liac	bility Company," the designation "LLC" or the	appreviation I.L.C.
Enter new principal offices address, if applicable:	4034 Dalry Drive	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville Florida 32246	SS 2
		72 -
		To the second
Enter new mailing address, if applicable:	4034 Dalry Drive	22
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville Florida 32246	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the nev
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR'= Manager

AMBR = Authorized Member Title <u>Address</u> **Type of Action** Name Eileen V Olaiz 4034 Dalry Dr MGR 🖺 Add Jacksonville Fl 32246 1547 Tawny Marsh Ct RADA Hugo Hernan Gallego **AMBR** Saint Augustine FI 32092 Remove ☐ Remove ☐ Remove ☐ Remove

If amending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)
•	
Effective date, if other than the date of fil (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Depart	o date of receipt or filed date and cannot be more than 90 days after
Dated September 19	2014
Mauricio Nieto	Miles
-	of a member or authorized representative of a member
<u>Mauricio Nieto</u>	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE