L14000079318

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	= #)
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2014 MAY 19 AM 10: 53

MAY 2 0 2013 T. HAMPTON TO: Registration Section Division of Corporations

J&S Contracting Company 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:

Timothy J. Sayers J&S Contracting Company II Firm/Company 2013 Hunt Club Circle Panama City, FL 32407 City/State and Zip Code jsayers316@live.com

For further information concerning this matter, please call:

Sandra Webb

Name of Person

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

Daytime Telephone Number

Enclosed is a check for the following amount: Application (1995) and those winds those

□ \$25.00 Filing Fee □ \$30.00 Filing Fee & ... Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ \$ Certified Copy

Certificate of Status &

(additional copy is enclosed) ** ** ** ** Certified Copy ** ** ***

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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&S Contracting Company, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	,
The Articles of Organization for this Limited Liability Compar	ny were filed on May 15, 2014	and assigned
Florida document number L14000079318		
This amendment is submitted to amend the following:		· :
A. If amending name, enter the new name of the limited lis	ability company here:	
J&S Contracting Company II, LLC	College Comment of the College	, .
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LLC" or the	_
Enter new principal offices address, if applicable:		2014 SEC
(Principal office address MUST BE A STREET ADDRESS)		圣沼 美 7
		ASS 19
•		THO R
Enter new mailing address, if applicable:		70 3 0
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amonding the registered agent and/or registered		. the name of the si-
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter	the name of the ne
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

Page 1 of 3

MGR = Manager AMBR = Authorized Member <u>Title</u> Name <u>Address</u> Type of Action □ Add Remove _□ Add ☐ Remove □ Add Remove. □ Bernove ☐ Remove □ Add ☐ Remove

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:

fective date, if other than the date of filing:	(optional)
e date this document is filed by the Florida Department of State)	it or filed date and cannot be more than 90 days after
e date this document is filed by the Florida Department of State)	
e date this document is filed by the Florida Department of State) May 15 201	4
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Filing Fee: \$25.00

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