L14000094906

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Section

Division of Cor	porations	,			
	EBUILDING LLC	,	i.		
SUBJECT:	Name of Lim	ited Liability Company	•		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ALEXANDER BELTRAN	N ROMERO			
		Name of Person	<u> </u>	-	
	JEMAC REBUILDING LI	LC			
		Firm/Company		- <u>~</u>	
	3825 NW 49TH ST			921 0	•
		Address		- : CT	F
	TAMARAC, FL 33309			30 7	1 1000
		City/State and Zip Code		2021 OCT -4 PK 3: 12	;
	maxi8317@aol.com	to be used for future annual report noti	fication)	12	
For further information of	concerning this matter, please of		neadon)	, .	
		u			
ALEXANDER BELTRA		at ()			
Name o	f Person	Area Code Daytim	e Telephone Numbe	er	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	▼ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ction		
Division of C		Division of Cor			
P.O. Box 632 Tallahassee.		The Centre of T 2415 N. Monro		210	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil) (A Florid	ity Company as it now appears on our re a Limited Liability Company)	cords.)
(A Florida	a Emmed Elabinity Company)	
The Articles of Organization for this Limited Liability C		and assigned
Florida document number 1.14000094906		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021 0
(Principal office address MUST BE A STREET ADDI	RESS)	
		20 - 11
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		12
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>en</u>	ter the name of the new regi
agent unavoi the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street aa	ldress
<u></u>		. 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>	Address	Type of Action
AMBR	JOSE U SEGURA GUZMAN	5946 MUSTANG MANOR, DAVIR, FL 33314	≣Add
			□Remove
			□Change
			□Add
			Remove OC Change
		Γ· .	Remove Change
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ective date, if other th	an the date of filing	ı•		(optic	onal)		
effective date is listed, the e: If the date inserted in ument's effective date o	date must be specific and this block does not m	cannot be prior to dat seet the applicable		nan 90 days after	filing.) Purs		
record specifies a d he 90th day after tl		ate, but not an	effective time	, at 12:01 a	ı.m. on t	he ea	rlier (
ed 0921-202							
	(3)/11	meli-					
	Signature of a n	nember or authorized	representative of a	member	<u></u> -		
		,					

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