

L15000083609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2018 APR 30 P 12:29

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5/2/18 DS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JJB Home Improvement & Landscaping 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:

Brenda Ayala
Name of Person
JJB Home Improvement & Landscaping LLC
Firm/Company
238 Cimarron dr Kissimmee
Address
Kissimmee FL 34759
City/State and Zip Code

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

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RECEIVED
2018 APR 30 PM 2:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Brenda Ayala at (863) 904-7444
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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

J&B Home Improvement & Landscaping LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/12/2015 and assigned Florida document number L15000083609

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

J&B Home Improvement LLC
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)

238 Cimarron dr
Kissimmee FL. 34759

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

238 Cimarron dr
Kissimmee FL. 34759

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:

Jose A. Lopez

New Registered Office Address:

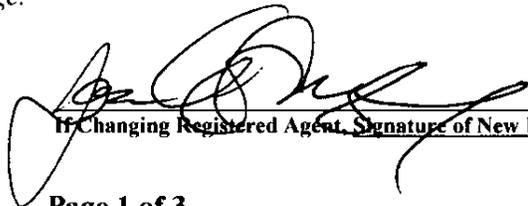
238 Cimarron dr.

Enter Florida street address

Kissimmee, Florida 34759
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>
	Brenda Ayala	238 cimarron dr.	<input type="checkbox"/> Add
		Kissimmee FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jose A. Lopez	238 cimarron dr	<input checked="" type="checkbox"/> Add
		Kissimmee FL.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 DEPARTMENT OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The payment is there because I send a wrong Application

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TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 4/16/18,
Brenda Ayala or Jose Lopez
Signature of a member or authorized representative of a member
Brenda L Ayala or Jose A Lopez
Typed or printed name of signee