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## **COVER LETTER**

Div	ision of Corp	oerations	· •		
SUBJECT:	JOHNATHA	AN'S CONSTRUCTION SER	VICES LLC		
SUBJECT:					
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
		ndence concerning this matter	-		
		JOHNATHAN ORTIZ			
			Name of Person	<del></del>	
JOHNATHAN'S CONSTRUCTION SRVICES LLC					
Firm/Company					
	7310 SWALLOW RUN				
	Address				
		ORLANDO, FL 3289		₹	
			City/State and Zip Code	2017 AUG = 3	
		JOHNATHANORTIZ7@G		AH.	
			to be used for future annual report notifi	ication)	
For further in	nformation co	ncerning this matter, please ca	all:	ש הביים יש הביים	FILE
JOHNATHA	AN ORTIZ		407 393-8203 at ()		U
	Name of	Person	Area Code Daytime	Telephone Number 7	
Enclosed is a	a check for the	e following amount:			
■ \$25.00 F	iling 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:

TO:

Registration Section

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

JOHNATHAN'S CONSTRUCTION SERVICES LLC

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our recor- liability Company)	<u>ds.</u> )	
The Articles of Organization for this Limited Liability Company of Florida document number L15000087750	were filed on 5/18/2015		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC	C" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
Enter new mailing address, if applicable:		<del> </del>	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street addre	7 AUG -3 CRETKRY   CAHASSEE	name of the new
	, f	iorida'	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
TREASU	CHRISTIAN E. MARTINEZ	964 SCANDIA LANE	
		ORLANDO FL 32825	Remove
			Change
SECRET.	LUIS ROSADO	27223 CORAL SPRINGS DR	
		WESLEY CHAPEL FL 33544	Remove
			Change
			Remove  Remove  Change  Add  Add
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Effective date, if other than	the date of filing:			(optional	)	
f an effective date is listed, the date Note: If the date inserted in this						
document's effective date on the			<i>G</i> ·	<b>,</b>		
ne record specifies a dela The 90th day after the		ite, but not a	n effective tim	e, at 12:01 a.m.	on the	e earlier o
Dated		2017				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00