

2150000 95617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

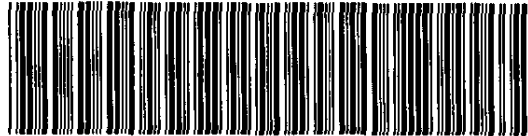
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600277882846

10/12/15--01014--002 **35.00

FILED
15 NOV 16 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 17 2015
J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2015

IDEL NUNEZ
767 E 18 ST
HIALEAH, FL 33013

SUBJECT: JC & SON FENCE LLC
Ref. Number: L15000095613

We have received your document for JC & SON FENCE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 715A00021738

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JC & SON FENCE LLC

DOCUMENT NUMBER: L15000095613

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IDEL QUINONES NUNEZ

Name of Contact Person

JC & SON FENCE LLC

Firm/ Company

767 E 18 ST

Address

HIALEAH, FLORIDA 33013

City/ State and Zip Code

idelquinones@gmail.com

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

For further information concerning this matter, please call:

IDEL QUINONES NUNEZ

Name of Contact Person

at (305) 303 9040

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC J SON FENCE 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 06/01/2015 and assigned Florida document number L15000095613.

This amendment is submitted to amend the following:

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

JC J SON FENCE LLC

(SAME NAME)

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)

QUINONES NUNEZ, IDEL. (SAME NAME)

767 E 18TH ST.

HIALEAH, FL 33013.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

767 E 18TH ST

HIALEAH, FL 33013

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:

QUINONES NUNEZ, IDEL.

(SAME NAME)

New Registered Office Address:

767 E 18TH ST

Enter Florida street address

HIALEAH

City

Florida

33013.

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>
AMBR	JUAN CARLOS QUINONES	767 E 18TH ST HIALEAH FL. 33013	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED
15 NOV 6 PM 2:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

E. Effective date, if other than the date of filing: 11/6/2015 (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 Nov. 6, 2015

Signature of a member or authorized representative of a member

Idel Quimones Nunez

Typed or printed name of signee

FILED
15 NOV 16 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA