15000171479

(Re	questor's Name)	
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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

JOY & A F	PROPERTY MANAGEMENT	LLC	
30bilet	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JORGE O ABRAHAM		
		Name of Person	
	ABRAHAM & ASSOC C	ONSTRUCTION GROUP, LLC.	
		Firm/Company	
	P.O BOX 567		
		Address	
	SARASOTA FL 34230		<u></u>
		City/State and Zip Code	1.
	JORGEOABRAHAM@GI		· ·
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	fication)
JORGE O ABRAHAM		941 9617852 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi	JNG ADDRESS: ration Section on of Corporations Box 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim		iny as it now appears on our re Liability Company)	ecords.)		
The Articles of Organization for this Limited I Florida document number L15000171479		·		and as	signed
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
ABRAHAM & ASSOC CONSTRUCTION GR	OUP, LLC.				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation '	'LLC" or the abbr	eviation "l	L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2715 COLORADO ST			
		SARASOTA FL 34237			
		P.O BOX 567			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SARASOTA FL 34230	· ·		
		C. 11 (100 11 1 1 2 0 1 2 0 1		•-5	.,
B. If amending the registered agent and registered agent and/or the new registered of			ords, <u>enter t</u> l	he name	of the n
registered agent and or the new registered		=:	·	ر)	
Name of New Registered Agent: JORGE O A		RAHAM	:	्र <u>भ</u>	' tan b
New Registered Office Address:	2715 COLOR	ADO ST			
		Enter Florida street a	ddress		
	SARASOTA		, Florida <u>342</u> ;	37	
	 	City		Zin 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

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	JORGE ABRAHAM JR	2715 COLORADO ST ,FL 3423.	■ Add
			Remove
			☐ Change
			Remove
			☐ Change
			□ Add
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Filing Fee: \$25.00