# F1160000118183

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# **COVER LETTER**

TO: Registration So Division of Cor			
	ORENO CONSTRUCTION LL	C	
SUBJECT:	Name of Limi	ted 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:	
	EVELYN CASTILLO		
		Name of Person	
	JIRE <b>H</b> MORENO CONST	RUCTION LLC	
		Firm/Company	
	2303 BERRY RD.		
		Address	
	PLANT CITY, FL 33567		
		City/State and Zip Code	
	JIREHMORENOCONSTR	UCTION@YAHOO.COM o be used for future annual report notif	ication)
For further information of	concerning this matter, please ca		
EVELYN CASTILLO		813 724-6899	<u>.</u>
Name o	of Person		e Telephone Number
Enclosed is a check for t	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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JIREN MORENO CONSTRUCTION LLC			
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co Florida document number $\frac{L16000018183}{L16000018183}$	mpany were filed on 01/26/2	2016	and assigned
	•	•	
This amendment is submitted to amend the following:		·	
A. If amending name, enter the new name of the limit	ubmitted to amend the following:  me, enter the new name of the limited liability company here:  Itstinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."  I offices address, if applicable:  Iress MUST BE A STREET ADDRESS)  address, if applicable:  AY BE A POST OFFICE BOX)  The registered agent and/or registered office address on our records, enter the name of the new d/or the new registered office address here:  ew Registered Agent:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	<u></u>		
		14.	*** ****
ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  ter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE BOX)	±4 ±5 ±1000mm / 1		
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(maning dates MATE BEAT OF OTTICE BOA)			
			<del>Γ</del> ω
B. If amending the registered agent and/or registered agent and/or the new registered office address.		r records, ent	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
<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	HUGO MORENO	1411 BLOSSOM BAYOU CIR	
		RUSKIN, FL 33570	<b>■</b> Remove
			□ Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change
		waketh agest a second and a second a second and a second	
			□ Remove
			Change
			Add
			☐ Remove  ☐ Change
			OF STATE 30 Remove

is filed.			
ment of State's records.  Fective date, but not an effec			
specific and cannot be prior to date of fil	ing or more than 90 days a	ifter filing.) Pursuan	t to 605.0207
	-		
	e of filing:  pecific and cannot be prior to date of filedoes not meet the applicable statuto tment of State's records.  fective date, but not an effectis filed.	specific and cannot be prior to date of filing or more than 90 days a does not meet the applicable statutory filing requirements, tment of State's records.  fective date, but not an effective time, at 12:0 is filed.	e of filing:  (optional)  specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan does not meet the applicable statutory filing requirements, this date will not truent of State's records.  fective date, but not an effective time, at 12:01 a.m. on the is filed.

Filing Fee: \$25.00