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COVER LETTER

Divis	ion of Corp	orations		
SUBJECT: _	ISP SHUTTI	ER PROFESSIONAL INSTA	LLER LLC	
SUBJECT		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return a	ill correspon	dence concerning this matter	to the following:	
		JEUS R SERA PORTELL	ES	
			Name of Person	
		JSP SHUTTER PROFESS	IONAL INSTALLER LLC	
			Firm/Company	
		5120 14TH STREET WES	T LOT 21	
			Address	<u> </u>
		BRADENTON, FL 34207		
			City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notific	cation)
For further inf	ormation cor	ncerning this matter, please ca	all:	
JESUS R SEF			941 301-6730 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fil	ing 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

JSP SHUTTER PROFESSIONAL IN	ISTALLER LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab	bility Company were filed on 05/09/2016	and assign	ed
Florida document number L16000090513	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the al	obreviation "L.L.C	22
Enter new principal offices address, if applicat	ble:		
(Principal office address MUST BE A STREET	'ADDRESS)		
		₩	ALI AE
		APR	₽Æ
Enter new mailing address, if applicable:		20	TAR
(Mailing address MAY BE A POST OFFICE BO	OX)	٠	SEC.
		_≖ ယ္	- TE (S)
		U)	SA A
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, enter	the name of	the nev
registered agent and/or the new registered offic	ce address here:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	. Florida		
	, FIOTIQA	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

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
MGR	YORJIS VEGA	3608 14TH ST W LOT 16	
		BRADENTON, FL 34205	□ Remove
			☐ Change
			Add
		 	☐ Remove
			Change
			□ Add
			□ Remove
			Change
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	04/01/20	18	()	
Effective date, if other than the If an effective date is listed, the date Note: If the date inserted in this	nust be specific and cannot be pri	or to date of filing or mo	(optional) re than 90 days after filing.) Pu requirements, this date wil	rsuant to 605.020 I not be listed a
document's effective date on the	Department of State's record	ls.	·	
he record specifies a delay The 90th day after the r		not an effective tir	me, at 12:01 a.m. on	the earlier o
Dated APRIL 23	2018			
Muel	7	<u> </u>		
	Signature of a member or au	thorized representative of	f a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00