L16000124145

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SECRETARY OF STATE TALLARIASSEC, FLORIDA

JUL 19 2016 S. YOUNG

COVER LETTER

	ision of Cor					
SUBJECT:	Johns Gene	eral labor, LLC				
SUBJECT.		Name of Lim	ited Liability Company			
The enclosed	f Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		John Caudill				
			Name of Person			
		Johns General Labor, LLC			=	-
			Firm/Company		<u>ي</u>	TACLAHASSEE. HEURUP
		455 Bridget St			~	S
			Address		P	ا. با
		New Smyrna Beach, FL 3	32168		16 JUL 18 PH12: 02	1°°
			City/State and Zip Code		20	(1) (1) (2)
		abbahomesrves@ yahoo.co	m to be used for future annual report noti	tication)		
For further in	nformation c	oncerning this matter, please c	•	,		
John Caudill			386 690-1047			
	Name o	f Person	at () Area Code Daytim	e Telephone Number		
Chalandia a	o obsala ča skl	C.11				
■ \$25.00 F		ne following amount: \$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)		
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 issee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Johns General Labor, LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our reco ed Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comparing the Florida document number <u>L16000124145</u>	any were filed on 06/14/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company." the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3 PE
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		<u> </u>
75 d		
Enter new mailing address, if applicable:		75 5 T
(Mailing address MAY BE A POST OFFICE BOX)		O2 STEA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	
	Enter r toriaa street aaa	iress
		Florida
Now Degistered Agent's Signature if changing Degistered Age	City	Zip Code

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John Caudill	455 Bridget St	Add
		New Smyrna Beach, FL 32168	☐ Remove
			☐ Change
			□ ∧dd
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			Change FALL A HA
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	be specific and cannot be prior to date of filing or reck does not meet the applicable statutory filing	(optional) more than 90 days after filing.) Pursuant to 605.0207 (3) ng requirements, this date will not be listed as the
e record specifies a delayed	effective date, but not an effective rd is filed.	time, at 12:01 a.m. on the earlier of:
The 90th day after the reco		
•	2016	
Dated July 14	Signature of a member or authorized representative	

Page 3 of 3

Filing Fee: \$25.00