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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
	Name of Emi	ned Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Norris Atesiano		
		Name of Person	
	Atesiano Tax Services		
		Firm/Company	
	15715 S Dixie Hwy Suite	211	
		Address	·
	Miami FL 33157		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	sunbiz@atesianotax.com		
	E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please ca	all:	
Norris Atesiano		305 928-1137	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration S	Section
Registration Section Division of Corporations		Division of Corporations	

P.O. Box 6327

Registration Section Division of Corporations

TO:

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



2021 MOV 10 AM 1:49

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2021

NORRIS ATESIANO ATESIANO TAX SERVICESD 15715 S. DIXIE HWY - STE. 211 MIAMI, FL 33157

SUBJECT: JN HOME REMODEL LLC

Ref. Number: L16000124775

We have received your document for JN HOME REMODEL LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P04000117294 - PHOBOS, INC...

Please return 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) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 421A00026493

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JN Home Remodel LLC

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our re- ted Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Comp	any were filed on 06/29/2016	and assigned	
Florida document number L16000124775			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
Phobos L.L.C. Phobos Company LL. The new name must be distinguishable and contain he words "Limited L		"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	washing company, the assignment		
(Principal office address MUST BE A STREET ADDRESS	- 		
Trincipal office duaress 91031 DE ASTREET ADDRESS		Ö	
		5	
Enter new mailing address, if applicable:		2	
			
(Mailing address MAY BE A POST OFFICE BOX)	 	50	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>e</u>	nter the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a	ddress	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Ag-	<u>ent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my dutie as provided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is	

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	Norris Atesiano	739 Washington Ave	
		901045	□Remove
	•	Homestead FL 33090	= 0
MGR	Brenda Atesiano	739 Washington Ave	
		901045	□ Remove
		Homestead FL 33090	□Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□ Remove
	•		□ Change
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ffect	ve date, if other than the date of filing: (optional)
f an eff	ective 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 605.020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
recor	d 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
d is fil	cd. 1
	November 6th
Dated	October 8th Novamber 6th 2021
	J. Millian
	Signature of a member or authorized representative of a member
	Norris Atesiano