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COVER LETTER

SURFECT. Jema	ny Contractors Name of Limi	LLC		
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	German He	Mundez Priez		
		Firm/Company		
	4314 NW 53	d Street		
	Fort Lauderdale, F	City/State and Zip Code (or) to be used for future annual report notifi	7A.5 23	
		City/State and Zip Code		
	Uhsbiz Q gmuil	. (om)	AHASSI - 1	
	E-mail address: (1	to be used for future annual report notifi	cation) $S = \bigcup_{i \in I} I_i$	
For further information co	ncerning this matter, please ca	all:	<u>"</u> "	
German Hernan Name of	dez Perez	at (454) 584-2081 Area Code Daytime	SSEELFLORI	O
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	e 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

TO:

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>L16000159643</u> This amendment is submitted to amend the follow	ving:					
A. If amending name, <u>enter the new name of t</u>	he limited liab	ility company here:				
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the desig	nation "LLC" or	the abbrev	iation "L.I	L.C."
Enter new principal offices address, if applical	ble:	4314 NW 53 Fort Lumirdule F	1street			
Principal office address MUST BE A STREET	Fort Lawredale F	-L 33319	75 S.	29. ₩		
				PAR PROL	J	77
Enter new mailing address, if applicable:	4314 NW 53' Fort Lauderstale	Strut	3355Y	ან ს		
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Fort Luclerdule	FL 33319	—————————————————————————————————————	T	D
				TX:	Ģ	
				<u>~</u> m	ليا ا	
B. If amending the registered agent and/or registered agent and/or the new registered offi			ur records, <u>c</u>	enter the	name	of the new
registered agent and/or the new registered ont	ce address her	ξ.				
Name of New Registered Agent:	German	Hernandez Perez				
	UNU VII.	55td Street Enter Florida		-		
New Registered Office Address:	1)17 /00	Enter Florida	street address			
	Fort Lau	der dale City	Florie	da 335	14	
		City	, 1 10110		Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:					
I hereby accept the appointment as registered provisions of all statutes relative to the proper	_	performance of my	duties, and i	l am fami	liar wit	h and
accept the obligations of my position as regist being filed to merely reflect a change in the re						

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>	<u>Address</u>	Type of Action
MbR_	Hernandez Perez, German	4314 NW 53rd Street	D Add
		Fort Luiderdule, FL 33319	Remove
,			Change
<u>MGR</u>	Mijia, Alma	2400 SW 42nd hay	
		Fort Lucherdule FL 33317	[] Kemove
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If an effective date Note: If the date	, if other than the d e is listed, the date must be te inserted in this bloc ective date on the Dep	e specific and k does not n	cannot be prior neet the applic	r to date of filing able statutory	g or more than 90	(optiona	al)	rsuant to	605.
	ecifies a delayed ay after the reco		ate, but no	ot an effect	ive time, at 1	12:01 a.m	n. on	the ea	arlier :
Dated July	18th Demon	······································	2017						
	1 Dermon	H. K	my						
	S	ignature of a t	nember or auth	orized represer	tative of a member	er			_
	German F								

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Filing Fee: \$25.00