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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:, Registration Section Division of Corporations
SUBJECT: JTG Frame Works LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jason T Garrett Name of Person
JTG Frame Works UC Firm/Company
SOY Manilla Ln
Winter Haven F1 33880 City/State and Zip Code
jasongarretta itaframeworks: Com E-mai/address: (to be used for Juture Innual report notification)
For further information concerning this matter, please call:
Jason Garrett at (963) 397-7595 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate Of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate Of Status & Certificate 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

JTG Framelox	orks llc
(<u>Name of the Limited Liabii</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on $9-9-2010$ and assigned
Florida document number LIG 6001696	017
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
	IF 6
Enter new mailing address, if applicable:	7
(Mailing address MAY BE A POST OFFICE BOX)	o CC
	70 70
	ယ္ နိုန
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	istered office address on our records, enter the name at the dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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
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Effective date, if other than the date of filing:	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear The 90th day after the record is filed.	rlier of:
Dated 7-13-18	mer VI.
Signature of a member or authorized representative of a member	inci VI.
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Page 3 of 3

Filing Fee: \$25.00