25/10/23, 09:47

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000372077 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WAVE CAPITAL Account Number : I20220000076 Phone : (813)510-7769 Fax Number : (813)200-2016

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE BIG STRENGTH CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

S. ROBERTS

NUV - 9 2023

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Help



October 26, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

J&A CLEAN MASTER LLC 3839 TOWER ROAD UNIT 102 TAMPA, FL 33614

SUBJECT: J&A CLEAN MASTER LLC / THE BIG STRENGTH CORPORATION

REF: L17000003890

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name you have on the fax cover page (THE BIG STRENGTH CORPORATION) and the name on the amendment (J&A CLEAN MASTER LLC) must be the same.

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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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) 245-6051.

Tracy L Lemieux FAX Aud. #: H23000372077
Regulatory Specialist II Letter Number: 123A00024918

TATIDRY O PALACIOS

CORRECTION

COVER LETTER

TO: Registration Section
Division of Corporations

J&A CLEAN MASTER LLC

SUBJECT: 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:

	Name of Person
	Firm/Company
5041 DR. MARTIN LU	THER KING JR ST SOUTH
	Address
ST PETERSBURG, FL	33705
- 	City/State and Zip Code
imymadriz@gmail.com	
E-mail addres	s: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAUDRY O PALACIOS

813 270-1608

at (______)

Name of Person

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

S55.00 Filing Fee &
us Certified Copy
(additional copy is enclosed)

☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&A CLEAN MASTER LLC		
(<u>Name of the Limited Liability Comp</u> (À Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 01/05/2017	and assigned
Florida document number L17000003890		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
&A MASTER RENOVATIONS LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Inter new principal offices address, if applicable:	5041 DR. MARTIN LUTHER KING	G JR ST SOUTH
Principal office address MUST BE A STREET ADDRESS)	ST PETERSBURG, FL 33705	26
Enter new mailing address, if applicable:	5041 DR. MARTIN LUTHER KING	G JR ST SOUTH
Mailing address MAY BE A POST OFFICE BOX)	ST PETERSBURG, FL 33705	<u> </u>
		"
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City . 1 Tol Ida	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.

From: Wave-Tax

Fax: 18135107783

To:

Fax: (850) 617-6383

Page: 3 of 6

11/08/2023 9:33 AM

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

Title	<u>Name</u>	Address	Type of Action
MGR	AIMARA A MADRIZ BELLO	5041 DR. MARTIN LUTHER KING JR ST SOUTH	l ⊟∧dd
		ST PETERSBURG, FL 33705	□Remove
			Change
			□Add
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	01/01/2017		
E. Effective date, if other than the da (If an effective date is listed, the date must be <u>Note:</u> If the date inserted in this block document's effective date on the Depart	c does not meet the applical	(optional) o date of filing or more than 90 days after filing.) Pursuant to 60 ble statutory filing requirements, this date will not be lis	05.0207 (3)(b) sted as the
If the record specifies a delayed effective decord is filed.	ate, but not an effective tim	ne, at 12:01 a.m. on the earlier of: (b) The 90th day aft	ter the
OCTOBER 27TH	2023	<u>.</u> .	
		a la vios	
Sig	mature of a member or author	alacios ized representative of a member	
JAUDRY O PALACIOS			
	Tunad or printa.	name of signee	

Page: 4 of 6 11/08/2023 9:33 AM

Fax: (850) 617-6383

From: Wave Tax . . . Fax: 18135107783 To:

Filing Fee: \$25.00