

L170000 15580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

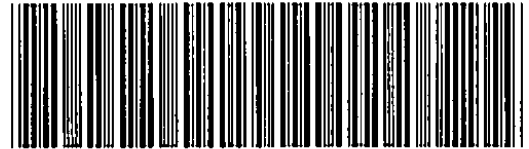
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



30034684693

06/29/2020 10:04

RECEIVED
JUN 29 2020

2020 JUN 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 11 20

SUBJECT: J & J Waterproofing LLC

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:

Stacey a. O'Gradney

Name of Person

J & J Waterproofing LLC

Firm/Company

561 21st St SW

Address

Naples, Fl. 34117

City/State and Zip Code

jackogradne@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacey A. O'Fradnev

239

352-4442

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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

SECRETARY
TALLAHASSEE

**TO
ARTICLES OF ORGANIZATION
OF**

J & J Waterproofing LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1/19/2020 and :
Florida document number L17000015580.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the r
agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip

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

RECEIVED
JUN 29 2020
TALLAHASSEE, FL
5:19 PM

or removed from our records.

MGR = Manager

AMBR = Authorized Member

[illegible]

2020 JUN 29 PM 5:
SECRETARY OF STA
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL
JUN 29 PM 5:19

(If an effective 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 **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.

Dated June 25, 2020

Stacy A. Grady
Signature of a member

Signature of a member or authorized representative of a member

Stacey O'Gradney

Typed or printed name of signee

Filing Fee: \$25.00