

L17000046415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 JUN 15 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JUN 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JANSTEEL HOMES, 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:

RAMI JAN

Name of Person

JANSTEEL HOMES, LLC

Firm/Company

19456 PRESERVE DRIVE

Address

BOCA RATON, FL 33498

City/State and Zip Code

BEN@USACPA.NET

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

For further information concerning this matter, please call:

BENJAMIN TAMIR, CPA

305 224-0440

Name of Person

at ()

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
17 JUN 15 PM 11:34
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JANSTEEL HOMES, 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 02/27/2017 and assigned
Florida document number L17000046415.

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 "L.L.C."

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 new registered 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 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

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JUL 15 AM 11:30
TALLAHASSEE
STATE
SECRETARY OF
CORPORATIONS

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> | <u>Type of Action</u> |
|--------------|---------------------------------|----------------------|---|
| AMBR | Jansteel Metal Industries, Ltd. | 19456 PRESERVE DRIVE | <input checked="" type="checkbox"/> Add |
| | | BOCA RATON, FL 33498 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Eli Salhov - Insurance Company | 19456 PRESERVE DRIVE | <input checked="" type="checkbox"/> Add |
| | | BOCA RATON, FL 33498 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | B.N.G. Aluminum Designs, Ltd. | 19456 PRESERVE DRIVE | <input checked="" type="checkbox"/> Add |
| | | BOCA RATON, FL 33498 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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FILED
JUN 17 2011
11:35 AM
TALLAHASSEE, FL
STATE OF FLORIDA
SECRETARY OF STATE

[illegible]

(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 605.0207 (3)(b)

FILED
JUN 15 AM 11:35
CLERK OF THE STATE
OF FLORIDA
TALLAHASSEE, FLORIDA

Dated 6/11/2017

BENJAMIN TAMIR, CPA

Typed or printed name of signee