117000075196

(Re	questor's Name)	
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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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17 MAY - 4\ PM 2: 47 ECRETARY OF STATE ALLAHASSEE; FLORID

S Warren MAY - 5 2017

COVER LETTER

TO:	Registration Se Division of Cor		•	
eunu		truction of Florida, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Rigoberto Beltran Jr.		
			Name of Person	
		R & J Construction of Flor	ida, LLC	
			Firm/Company	
	•	1125 NW 10th Avenue		
			Address	
		Cape Coral, FL 33993		
			City/State and Zip Code	
		r.beltran91@gmail.com		
		E-mail address: (to be used for future annual report notific	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
Rigob	erto Beltran Jr.		239 321-2629 at ()	
	Name o	f Person	at ()Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:	•	
■ \$2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R & J Construction of Florida, 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 v	vere filed on 04/10/2017	and assigned
Florida document number L17000075196	word filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ry Company," the designation "LLC" o	r the abbreviation "L.L.C."
	, company, mo mongana	
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)		
<u>Name of New Registered Agent:</u>	:	·····
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cap	24 2000
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F	I am familiar with and S. Or, if this document is
If Chang	ing Registered Agent, <u>Signature of I</u>	New Registered Reenc
Page 1	of 3	2: 4: STATE LORID

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
MGR	Juan J. Badillo-Mejia	916 Fitch Avenue Lehigh Acres, FI	□ Add
			■ Remove
			Change
			
	·	 	Remove
			□ Change
			Add
		***************************************	Remove
			Change
			
			□ Remove
			Change
			TALLAHASSEE, FLORIDA
			□ Change

amending any other information,	enter change(s) here: (Attach additional sheets,	y necessary.)
 	· · · · · · · · · · · · · · · · · · ·	
		
<u>ote:</u> If the date inserted in this block do cument's effective date on the Departm record specifies a delayed effe	ecific and cannot be prior to date of filing or more than 90 day less not meet the applicable statutory filing requirement then the state's records. Continued the state of t	its, this date will not be listed a
The 90th day after the record is		
ted <u>5///17</u>	· · · · · · · · · · · · · · · · · · ·	
Righerto Beltran JI	ure of a member or authorized representative of a member	TALL.
Rigoberto Beltran	are an amount of authorized representative of a memori	FIL MY -4 WEIAR AHASS
	Typed or printed name of signee	PN 2
	Page 3 of 3	

Filing Fee: \$25.00