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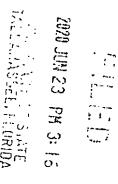
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COVER LETTER

TO: Registration Section

Division of Corp	porations	•	
SUBJECT:		OF Plorida Ll	<u>.</u>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
		7545 E. Treasur	edrive #3B
	NorthB	City/State and Zip Code	33141 2020 JUN 23
	E-mail address: (to be used for future annual report noti	fication) 23
For further information co	oncerning this matter, please c	all:	N 23 PH 3
Jai	ro Guerrero	at (786) 554	4· 7333 =
Name of			e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 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 S		Street Address: Registration Sec	ction
Division of Co		Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

JG Constructio	nof Floric	talle
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	is as it now appears on iability Company)	our records.)
The Articles of Organization for this Limited Liability Company v	were filed on 31	31 2017 and assigned
lorida document number L170000 76294		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	lity company here:	
J6 Finish with	STYle	LLC
he new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the design	nation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		7.00
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		TO THE
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered office acgent and/or the new registered office address here:	ddress on our recor	rds, <u>enter the name of the new regi</u> s
Name of New Registered Agent:		
New Registered Office Address:	F Fl	
	Enter Ptorida s	areet adaress
	Cin	, Florida
You Device and Ament's Signature if the main a Device and Ament	City	<i>Σιρ Cott</i>
New Registered Agent's Signature, if changing Registered Agent:	Enter Florida s City	

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
			□Add
			□Remove
			
			🗀 Add
			□Remove
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			□Change □Add
			□Remove
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tive date, if other than the date of filing:	(ent	tional)		
ffective date is listed, the date must be specific and cannot be prior to date of filing or	more than 90 days aft	er filing.		
: If the date inserted in this block does not meet the applicable statutory filment's effective date on the Department of State's records.	ing requirements, tr	ns date	will no	t be iist
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m	o, on the earlier of: ((b) Th	e 90th c	lay afte
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