L17000114474

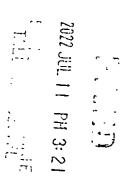
Office Use Only

705-524.707-6206



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cf 7/13/2022

COVER LETTER

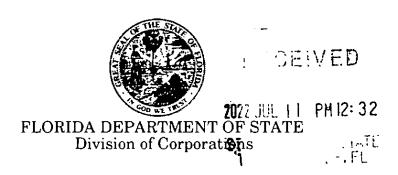
TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corporation	rations		
SUBJECT: \Subject	Name of Limit	Remodeling Se	rvice S
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
		Name of Person Slins lenedel Firm/Company	ing Services
	2554 Al	BION AUE Address	
_	ollando, F KSREMadeli	City/State and Zip Code Ag Ooutlook Con to be used for future annual report notifi	
For further information conc		·	cation)
KERRY JONES Name of Person		at (Ho7) 220-645/ Area Code Daytime Telephone Number	
Enclosed is a check for the f	ollowing 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 Section Division of Corporations P.O. Box 6327		Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



June 28, 2022

KERRY JONES 2554 ALBION AVENUE ORLANDO, FL 32833

SUBJECT: KJONES & SON'S REMODELING SERVICES LLC

Ref. Number: L17000114474

We have received your document for KJONES & SON'S REMODELING SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The complete document was not received.

We are enclosing the proper form(s) with instructions for your convenience.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

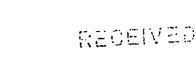
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 122A00014565

Claretha Golden Regulatory Specialist II

www.sunbiz.org

delegation of the DO DOV GOOD M H 1 DOOR



Letter Number: 622A00013090

FLORIDA DEPARTMENT OF STATE Division of Corporations SECRE TALL ANIAS SEE, FL

June 11, 2022

KERRY JONES 2554 AIBION AVENUE ORLANDO, FL 32833

SUBJECT: KJONES & SON'S REMODELING SERVICES LLC

Ref. Number: L17000114474

We have received your document for KJONES & SON'S REMODELING SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

The complete document was not received.

We are enclosing the proper form(s) with instructions for your convenience.

The document must be signed by a member or an authorized representative of a member.

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) 245-6050.

Claretha Golden Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10	(p. * ·	
ARTICLES OF O	RGANIZATION 💮 💝 🧷 💮 💮	
Ol		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now(abpears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05-16-2017 and assigned	
Florida document number 117000114474.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the n		
Enter new principal offices address, if applicable:	2554 AIBTON AVE	
(Principal office address MUST BE A STREET ADDRESS)	ORIANDO FL, 32833	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2554 AIBION AUE ORLANDO FL.32833	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered	
Name of New Registered Agent:		
New Registered Office Address: Enter Florida street address		
- 	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

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>	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			DAdd
			□Remove
		·	□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
		 	□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated <u>07 - 03</u> Signature of a member or authorized representative of a member FRRY SONES
Typed or printed name of signee

ETT . E. . 635.00