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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JER Concrete & Decking Luc 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:
Name of Person
Name of Person Accounty & Part Services The Firm/Company
Firm/Company
POBOX 1130
Address
D.c.Dee FL 34761
O coee, FL 34761 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
T-Ruiz at (407) 656-3883 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed) \$\text{Certified Copy (additional copy is enclosed)}\$\$\$ 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

Name of the Limited Liability Company as it now appears on our records. (Name of the Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $6-13-2017$ Florida document number 17000123743	_ and assigned
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 de	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	NASSAN TO STANK
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	97. A.
	

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:

New Registered Office Address:	Enter Florida street a	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

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
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ocument's effective date on the	Department of State's recor	ds.	2*	w
record specifies a delaye	ed effective date, but	not an effective time,	, at 12:01 a.m. on th	ne earlier of:
The 90th day after the re		,		
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	Signature of a member of a	uthorized representative of a r	nember	
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Page 3 of 3

Filing Fee: \$25.00