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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: JAYS	ALL PHASE	CONSTRUCTIO	DN, LC
	Name of Lim	ited Liability Company	 -
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	TASDN	Anderson	
	0113011	Anderson Name of Person	
	JAYS AL	L PHASE CONS	TRUCTION
		Firm/Company	
	2713 Gara	Aher Place Address Lay, Florida Ciry/State and Zio Code	
		Address	
	Holi	day, Florida	2,34691
		Chyroline and 1217 Civae	
		DN727@gmail - to be used for future unnual report not	
For further information c	oncerning this matter, please ca	all:	
Name o	t' Day, an	at () Area Code Daytin	ne Telephone Number
.vanie o	r r erson	Med Code Dayini	ic receptione (various
Enclosed is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7		rporations Fallahassee be Street, Suite 810
		Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION VICTOR OF DOTA CANADA **OF**

21 APR 14 PH 1: 03

ALL PHASE CONSTRUCTION, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) JAYS

The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
N/A The new name must be distinguishable and contain the words "Limited Liabil	Company "the Lampating "I I C" as the abbenietism "I I C"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	
New Registered Office Address:	N/A Enter Florida street address N/A City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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		PARTURE CINES ON BOOK OF SOME DEATH		
<u>Title</u>	<u>Name</u>	Address 21 APR 14 PH 1: 03	Type of Action	
	Moly Schuldt		□Add	
		型1		
			☐ Change	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) : 13 13 13 13 13 13 13 13 13 13 13 13 13
changing ownership of company to
JASON ANDERSON From MOIR "SChulldt."
JASON Anderson will be in 100%
OWNERShip OF JAYS ALL PHASE CONSTRUCTION.
Mory schuldt will be no longer with
JAYS ALL PHASE CONSTRUCTION.
E. Effective date, if other than the date of filing: (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) 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 April 4 \$ 2021. MySum Signature of a member or authorized representative of a member.
Signature of a member or authorized representative of a member
Molly Schuldt Typed or printed name of signee Tason Andre 10-

Filing Fee: \$25.00