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Office Use Only



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O BRUCE

COVER LETTER

SUBJECT:					
	Name of Lin	tited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	JOSE RIOS				
	Name of Person				
Firm/Company					
13387 ARBOR POINTE CIR APT 203					
Address					
		_			
VIEJO78@GMAIL.COM				200	
	E-mail address: (to be used for future annual report notif	ication)	· · · · · · · · · · · · · · · · · · ·	
For further information concerning this matter, please call:			• • • • • • • • • • • • • • • • • • • •	- 5 <u>2</u> - }	
JOSE RIOS		786 400-6269	*	> 1	
Name (of Person		Telephone Number	— ;;;	
Enclosed is a check for t	he following amount:			.J	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified		□ \$60.00 Filing I Certificate of Certified Cop (additional copy	Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section Division of Corporations

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

J & M COMMERCIAL PAINTING LLC							
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited	ny as it now appears on our rec Liability Company)	cords.)				
The Articles of Organization for this Limited Liability Company were filed on $\frac{07/03/2017}{\text{Elorida document number}}$					igned		
This amendment is submitted to amend the following	lowing:						
A. If amending name, enter the new name of	of the limited liab	oility company here:					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	LLC" or the abbres	viation "L.	L.C."		
Enter new principal offices address, if applicable: 13387 ARBOR POINTE CIR APT 20							
(Principal office address MUST BE A STREET ADDRESS)		TAMPA FL 33617		717			
			<u> </u>	:==	* !		
Enter new mailing address, if applicable:	13387 ARBOR POINTE C	DIR APT 203	§: '>)			
(Mailing address MAY BE A POST OFFICE BOX)		TAMPA FL 33617			فرد.		
			· .	. <u>.</u>			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	JOSE RIOS	<u>c</u> :	ords, <u>enter the</u>	e name	of the ne		
New Registered Office Address:	13387 ARBOR	R POINTE CIR APT 203					
		Enter Florida street ad	dress				

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.

City

TAMPA

If Changing Registered Agent, Signature of New Registered Agent

Florida 33617
Zip Code

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
MGR MELODY M HERNANDEZ		13387 ARBOR POINTE CIR APT	_ = Add
	THAT	TAMPA FL 33617	□ Remove
			Change
MGR	JOSE RIOS	13387 ARBOR POINTE CIR APT	Add
	Ji Ri	TAMPA FL 33617	□ Remove
			☐ Change
	.		
			☐ Remove
			∴ Change
			□ Add
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			Add
			□ Remove
			Change

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	. =.	-				
Effective date, if other than t (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and c block does not me	annot be prior to et the applicabl			filing.) Pursuant to 605.	
the record specifies a delay) The 90th day after the re		te, but not a	n effective tim	ne, at 12:01 a	.m. on the earlie	er of:
Dated JULY 20		2017				
			•			

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Typed or printed name of signee

Filing Fee: \$25.00