47000/63198

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COVER LETTER

Division of Co			
JV CONN	SECTIONS & UTILITIES LLC	:	
	Name of Lir	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	MOISES JATTIN		
		Name of Person	
	JV CONNECTIONS & U	TILITIES LLC	
		Firm/Company	
	2300 NW 94th AVENUE	. SUITE 209	
		Address	
	DORAL, FL 33172		
	moijattin@outlook.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti-	lication)
For further information of	concerning this matter, please c	all:	
MOISES JATTIN		786 423-0059	
Name o	of Persoa	at () Area Code Daytime	· Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy tadditional copy is enclosed.

MAILING ADDRESS:

Registration Section Division of Co.porations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICL'ES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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18 OCT 29 AH 5: 30

TALLAMASI FILORIDA

JV CONNECTIONS & UTILITIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com	pany were filed on 07/	31/2017 and assigned
Florida document number <u>L17000163198</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES		
Enter new mailing address, if applicable:	·····	
(Mailing address MAY BE A POST OFFICE ROX)		
	<u></u>	
B. If amending the registered agent and/or registere	1 07 11	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on a shere:	our records, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		_
New Negaticed Office Address.	Enter Florid	a street address
		Florid.
	City	, Florida
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and	aurae to eet in this ac	manifes I Construe and a second

Thereby 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
AMBR	EDWIN JATTIN	9110 FONTAINEBLEAU BLVD #401	🗆 Add
		MIAMI, FL 33172	
			■ Remove
			E3 Change
			□ Add
			[] Remove
			□ nange
			0CT-229
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			22
			7

			92
			
fective date, if other than the	date of filing:	(opti	onal)
in effective date is listed, the date mu ote: If the date inserted in this blocument's effective date or the D	st be specific and cannot be prior to date ock does not meet the applicable sta epartment of State's records.	of filing or more than 90 days after atutory filing requirements, this	filing.) Pursuant to 605.02 s date will not be listed:
record specifies a delayed The 90th day after the rec	d effective date, but not an ϵ ord is filed.	effective time, at 12:01 a	a.m. on the earlier
OCTOBER 26	2018		
S=			
	Signature of a member or authorized re		<u>-</u>

Page 3 of 3

Typed or granted name of signee

Filing Fee: \$25.00