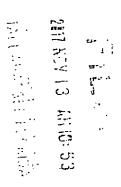
## 117000178795

(	Requestor's Name)
(	Address)
(	Address)
(	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
`	,,
(	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
<del>-</del>	Office Use Only
, ö	<del>.</del>
· <u>~</u>	
	्रा -:
<u>ç</u>	<del>les</del> .



400305219484

11/14/17--01011--024 \*\*25.00



J. HARRIS

## **COVER LETTER**

SURJECT: J.V. HOME SERVICES, LLC 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:							
JESUS VALDES MARTINEZ Name of Person							
Firm/Company							
15547 NW 83AVE							
MIAMI LAKES, FL 33014							
MIAMI LAKES, FL 33014  City/State and Zip Code  SESUS, VALDES 1011 @ GMAIL, COM  E-mail address: (to be used for future annual report nonlication)							
For further information concerning this matter, please call:							
CELIA FIGUEROA at 786, 286-7979  Name Seperson Area Code Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \tag{ \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \tag{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  \text{Certified Copy (additional copy is enclosed) }  \text{ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) }  \text{ \$75.00 Filing Fee & Certified Copy (additional copy is enclosed) }  \text{ \$80.00 Filing Fee, Certified Copy (additional copy is enclosed) }  \text{ \$85.00 Filing Fee, Certified Copy (additional copy is enclosed) } \text{ \$85.00 Filing Fee, Certified Copy (additional copy is enclosed) }  \text{ \$85.00 Filing Fee, Certified Copy (additional copy is enclosed) }  \text{ \$85.00 Filing Fee, Certified Copy (additional copy is enclosed) }   \text{ \$85.00 Filing Fee, Certified Copy (additional copy is enclosed) }							

Registration Section Division of Corporations

TO:

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

J.V. HOME SERVIC (Name of the Limited Liability Comp (A Florida Limited	ANY AS IL NOW ADDRAYS ON OUR records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L17000178795</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia  JU RESTONATION & REMODE The new name must be distinguishable and contain the words "Limited Lial	
The new name must be distinguishable and contain the words "Limited Liat  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	15547 NW 83 AVE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office address he	
Name of New Registered Agent: SESUS	VALCES MARTINEZ
New Registered Office Address: 1724	N, UNIVERSITY DR.  Enter Florida street dddress
PEMBRO	N. UNIVERSITY DR.  Enter Florida street dddress  OKE PINES Florida 330/6  City Zip Code
New Registered Agent's Signature, if changing Registered Ager	
provisions of all statutes relative to the proper and complet	is provided for in Chapter 605, F.S. Or, if this document is
•	$\nu$

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JESUS VALDES MARTINEZ	15567 NW 83 AUE MIAMI LAKES, FL 33014	<b>j</b> ⊉ Add
	ratine L		□ Remove
			Change
			□ Remove
			Change
	<del></del>		
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change
			Add Remove
			Change
			□ Add5
			D Change

D. If amending any o	her information, enter change(	s) here: (Attach additional	sheets, if necessary.)	
				<del></del>
<del></del>				<u>_</u>
		.,		
<del></del>				
				<del></del>
<del></del>	72.42 1 20			
				<del></del>
				<del></del>
				<del></del>
(If an effective date is lis  Note: If the date ins document's effective	her than the date of filing:ed, the date must be specific and cannot exted in this block does not meet the date on the Department of State's rest a delayed effective date, there the record is filed.	applicable statutory filing requestrooms.	uirements, this date will no	ot be listed as the
Dated	//7			
/	And the same			20017
<del></del>		or authorized representative of a	member ::	THOY 13
JE:	SUS VALDES M Typed	ARTINEZ or printed name of signee		
		2	:: :	MH 10: 53
		Page 3 of 3	<u>.</u>	53

Filing Fee: \$25.00