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| (Requestor's Name) |
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| (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: |
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| | Registratio Division of | n Section Corporations |
|-------------|----------------------------|---|
| SUBJEC | | modeling and Home Repair, LLC |
| SUBJEC | t: | Name of Limited Liability Company |
| The enclo | sed Articles | s of Amendment and fee(s) are submitted for filing. |
| Please ret | um all corre | espondence concerning this matter to the following: |
| | | Paul V. Noeller |
| | | Name of Person |
| | | JP's Remodeling and Home Repair, LLC |
| | | Firm/Company |
| | | 1474 Sunshadow Drive, Unit 100 |
| | | Address |
| | | Casselberry, FL 32707 |
| | | City/State and Zip Code |
| | | jpsremodelingandhomerepair@gmail.com |
| | | E-mail address: (to be used for future annual report notification) |
| For further | informatio | n concerning this matter, please call: |
| Paul V. N | oeller | 319 640-1400 at () |
| | Nam | e of Person Area Code Daytime Telephone Number |
| Enclosed is | s a check fo | r the following amount: |
| □ \$25.00 | Filing Fee | S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status 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

| PJ's Remodeling and Home Repair, LLC | | | |
|--|--|-----------------------------|--|
| (<u>Name of the Limited Liability Comp.</u> (A Florida Limited | any as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number L17000263601 | were filed on December 28, 2017 | and assigned | |
| This amendment is submitted to amend the following: | | ive. Unit 100 | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | |
| JP's Remodeling and Home Repair. LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" o | r the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 1474 Sunshadow Drive, Unit 100 | | |
| (Principal office address MUST BE A STREET ADDRESS) | Casselberry, FL 32707 | | |
| Enter new mailing address, if applicable: | 1474 Sunshadow Drive, Unit 100 | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Casselberry, FL 32707 | <u></u> | |
| | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: | ffice address on our records, <u>c</u> e: | Senter the namezof the new | |
| | | -5-6 | |
| New Registered Office Address: | Enter Florida street address | | |
| | , Florid | la | |
| | 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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| `an effe Vote: I | e date, if other than the date of filing: Tonuary 4, 201 tive date is listed, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable statutory filing real's effective date on the Department of State's records. | than 90 days after filing.) Pursuant to 605.03 |
| | rd specifies a delayed effective date, but not an effective time Oth day after the record is filed. | e, at 12:01 a.m. on the earlier |
| | January 4 2018 | |
| Dated _ | U 1 | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00