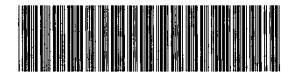
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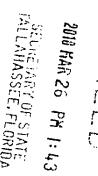
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	gistration Sec			
SUBJECT:		ilding Solutions, LLC		
SobiLe i.		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspor	ndence concerning this matter	to the following:	
		·		
			Name of Person	
		Mr. Tax of Gulf Breeze, In	nc .	
			Firm/Company	
		913 Gulf Breeze Pkwy; #4		
			Address	
		Gulf Breeze, FL, 32561		
			City/State and Zip Code	<u> </u>
		boa@mrtaxinc.com		
		E-mail address: (to be used for future annual repor	notification)
For further in	nformation co	ncerning this matter, please ca	all:	
	Name of	Person	at ()Area Code Da	ytime Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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 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

JM & JC Building Solutions, LLC					
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recoimited Liability Company)	<u>rds.</u>)			
The Articles of Organization for this Limited Liability Cor	mpany were filed on 01/26/2018	_	a	nd assig	ned
Florida document number L18000023648	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company here:				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L	LC" or th	e abbrevia	tion "L.L.	C."
Enter new principal offices address, if applicable:		.			
(Principal office address MUST BE A STREET ADDRE	<u></u>				
					
Enter new mailing address, if applicable:			-		
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ds, <u>ent</u>	er the	name of	f the ne
			FALL	2018	
Name of New Registered Agent:			H.	MAR	
New Registered Office Address:			\$ST	<u></u>	P
	Enter Florida street add	ress	£, 6,	9	<u> </u>
		Florida		3	1 .
	City		<i>≅≥20</i>	Co de	**
New Registered Agent's Signature, if changing Registered a	Agent:		Ď	డు	

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>	Name	Address	Type of Action
P	Jose M. Iriza	10164 Vixen Place	_ Add
		Pensacola, FL, 32514	
			Change
P	Zoraida G. Barrios	10146 Vixen Pl	□ Add
		Pensacola, FL,32514	■ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			□ Changa

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to da tote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	te of filing or more than 90 statutory filing requirer	(optional)) days after filing.) Pur ments, this date will	suant to 605.02 not be listed
e record specifies a delayed effective date, but not an The 90th day after the record is filed	effective time, at	12:01 a.m. on	the earlier
ated			
Signature of smember or authorized	representative of a memb	per	

Page 3 of 3

Filing Fee: \$25.00