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(Re	questor's Name)	,
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF SIAIDA
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COVER LETTER

	ision of Co			
	JONA KC	CONSTRUCTION LLC	ď	
SUBJECT:		Name of Lim	ited Liability Company	
		, wa	A STATE OF THE STA	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	• • • •
Please return	all correspo	ondence concerning this matter	to the following:	
		JONATHAN FELICIANO	O NIEVĘS, ,	
		,	Name of Person	
		JONA KC CONSTRUCT	ION LLC	
			Firm/Company	
		1725 NW 48TH STREET		
			Address	
		MIAMI FL. 33142		
			City/State and Zip Code	
		YENKYABIER2014@GM		74
For fu rt her in	iformation c	E-mail address: (oncerning this matter, please of	to be used for future annual report notif	fication)
		•		
JONATHAN			786 355-7686 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne 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		STREET/COURI Registration Section Division of Corport Clifton Building	n	
Subsect t		assee, FL 32314	2661 Executive Ce Tallahassee, FL 32	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JONA KC CONSTRUCTION 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	y were filed on <u>02-19-2018</u>	and assigned
Florida document number L18000043436		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1725 NW 48TH STREET	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL. 33142	SE TAL 18
		MAR.
Enter new mailing address, if applicable:	1725 NW 48TH STREET	TARY CHASSEE
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL. 33142	38
		0816 0816
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:		nter the name of the nev
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	
	, Florid	a Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I furthe	r agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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.

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
***************************************			Add
			□ Remove
			Change
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			Add
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			□ Add
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	t be specific and cannot be prior to date of filing o ock does not meet the applicable statutory fi	(optional) r more than 90 days after filing.) Pursuant to 605.0 ling requirements, this date will not be listed	
the record specifies a delayed) The 90th day after the rec		e time, at 12:01 a.m. on the earlier	of:
MARCH 15TH	2018		
	Signature of a member of authorized representat	ive of a mumber	
' (Signature of a member of authorized representat	туе от а тетрег	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00