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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N COOPER MAR 2 6 2018

COVER LETTER

Div	ision of Corp	orations			
SUBJECT:		Construction, LLC			_
Name of Limited Liability Company					
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return	all correspond	dence concerning this matter t	to the following:		
		Jorge A Maure			
			Name of Person		
		M & M Jax Construction,	LLC		
Firm/Company					_
		2486 Townsquare Dr			
			Address		_
		Jacksonville, FL 32216			
			City/State and Zip Code		_
		canalesroman10@gmail.com	••		•
		·	o be used for future annual re	eport nonneation)	
For further in	nformation co	ncerning this matter, please ca	ll1:		
Jorge A Ma	ure			-0835	
	Name of	Person	Area Code	Daytime Telephone Numl	per
Enclosed is a	a check for the	e following amount:	·		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifi esed) Certifi	Filing Fee, icate of Status & ed Copy nal copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

M & M Jax Construction, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our reco da Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability (Florida document number L18000054619	Company were filed on 02/15/18	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LI	⊸ > S
Enter new principal offices address, if applicable:		8 LEC
(Principal office address MUST BE A STREET ADD	RESS)	AR AHAR
·		23 SSE
		3
Enter new mailing address, if applicable:	_	6: F02 F18
(Mailing address MAY BE A POST OFFICE BOX)		8 2
		1
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our recordings here:	ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Roberto Manuel Dieguez	6728 Gaillardia Rd	□ Add
		Jacksonville, FL 32211	■ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Remove
		·	☐ Change
			Add
			☐ Remove
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			☐ Change
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Effective date, if other than f an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific and ca is block does not mee	unnot be prior to et the applicabl	date of filing or m e statutory filing	ore than 90 days afte	ional) er filing.) Pursuant t is date will not be	o 605.02 e listed a	07 (; as th
ne record specifies a dela The 90th day after the		te, but not a	an effective t	ime, at 12:01	a.m. on the e	arlier	of:
March 19		2018					
Torge	D. May	ne		of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00