L18 0000 54619

| (Requestor's Name) | |
|---|-------------|
| (Address) | - |
| (Address) | |
| (City/State/Zip/Phon | e #) |
| PICK-UP WAIT | MAIL |
| (Business Entity Na | me) |
| | |
| (Document Number) | <u>'</u> |
| Certified Copies Certificate | s of Status |
| Special Instructions to Filing Officer: | |
| | |
| Office Use Or | alv |



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COVER LETTER

| | Division of Cor | | | | • | |
|-----------------|-------------------------------|---|---|---|---|--|
| citis in z | M & M Jax | Construction, l | LC | | * | |
| SUBJEC | T: | | Name of Lim | ited Liability Company | | |
| The enclo | osed Articles of a | Amendment and | fee(s) are sub | mitted for filing. | | |
| Please ret | turn all correspo | ndence concern | ing this matter | to the following: | | |
| | | Jorge A Ma | ure | | | |
| | | | <u> </u> | Name of Person | | . <u> </u> |
| | | M & M Jax | Construction, | LC | | |
| | | | <u> </u> | Firm/Company | | |
| | | 2486 Town | s quare Dr | | | • |
| | | | <u> </u> | Address | | |
| | | Jacksonville | e. FL 32216 | | | |
| | | | 100000000000000000000000000000000000000 | City/State and Zip Co | ode | |
| | | | n 10@yahoo.co | m to be used for future and | nual report notifi | cation) |
| For furth | er information co | | | | nuu report norm | Culton |
| Jorge A | Maure | | | 904 at () | 520-0835 | |
| | Name of | Person | | Area Code | Daytime | Telephone Number |
| Enclosed | is a check for th | e following am | ount: | | | |
| ■ \$25.0 | 00 Filing Fee | □ \$30.00 Fi Certifica | ling Fee & ate of Status | □ \$55.00 Filing F Certified Copy (additional copy) | y | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Registr Divisio P.O. Bo | ING ADDRESS ation Section in of Corporatio ox 6327 ssee, FL 32314 | ns | Regi: Divis Clifto 2661 | EET/COURIF stration Section sion of Corpora on Building Executive Cen hassee, FL 323 | itions iter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



M & M JAX CONSTRUCTION, LLC

2019 MAY 13 PM 12: 48

| (Name of the Limited Liability Compa | ny as it now appears on our records.) | |
|--|---|--|
| (Name of the Limited Liability Compa (A Florida Limited I | Liability Company) | , # 3; |
| The Articles of Organization for this Limited Liability Company | nura filed on 02/15/18 | and assigned |
| | were fried on | and assigned |
| Florida document number 1.18000054619 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | <u> </u> | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| • | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | , |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | enter the name of the new |
| Name of New Registered Agent: | | |
| N D stand Office Address | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Flor | ida Zip Code |
| N. D. C. L. A. S. C. L. C. C. D. C. C. D. C. | · | 2.14 |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and provided for in Chapter 605, F. | I am familiar with and S. Or, if this document is |
| If Chai | nging Registered Agent, Signature of | New Registered Agent |

| if amending Authorized Person(s) a | uthorized 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> | 4 | Address | Type of Action |
|--------------|-------------|-------------|---------------------------------------|----------------|
| MGR | Luis M Ruiz | | 5355 Keystone Dr N | ■ Add |
| | | | Jacksonville, FL 32207 | □ Remove |
| | | - | | a Remove |
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| | choing any other in | formation, enter change(s) here: (Attach additional sheets, if necessary.) |
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| te: | If the date inserted in | date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, a this block does not meet the applicable statutory filing requirements, this date will not be listen the Department of State's records. |
| re | cord specifies a d 90th day after tl | elayed effective date, but not an effective time, at 12:01 a.m. on the earlie he record is filed. |
| ne | | 2019 |
| | May 5 | 2017 |
| | May 5 | . 2017 |
| | May 5 | Buelo. |
| | May 5 | Signature of a member or authorized representative of a member |
| | way ff | There |
| | Jorge A Maure | There |

Filing Fee: \$25.00