# L18000063188

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 1) M Family Construction 110  Name of Limited Liability Company	icles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  Jaysen Matias  Name of Person  JM Family Construction IIC  Finn/Company  TI NW 56+M Ct  Address  Ft. Layler date fl 33309  City/State and Zip Code  JM Family Construction III out look . com  E-mail address: (1) be used for future annual report notification)  nation concerning this matter, please call:  Matias  Name of Person  at (954) 300 - 945  Area Code  Daytime Telephone Number
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jaysen Matias Name of Person	<del></del>
JM Fanily Construct	ienlic
71 NW 56th Ct Address	
FT. Lauderdale fl 33309 City/State and Zip Code	
E-mail address: (ty be used for future annual report notification)	outlook.com
For further information concerning this matter, please call:	
Taysen Matias at (954) 300 - 95 Name of Person Area Code Daytime Telephon	175 ne Number
Certificate of Status Certified Copy (additional copy is enclosed)	

## MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

(Name of the Limited Light (A Florid	ity Company as it now appears of a Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability (Florida document number <u>LISOOO63\18</u>	Company were filed on	3-12-2019 and assigned
This amendment is submitted to amend the following:	<del></del>	
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	nited Liability Company," the desig	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	- R
Enter new mailing address, if applicable:	<del> </del>	PH 2:
(Mailing address MAY BE A POST OFFICE BOX)		57
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
	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
MGR	Jaysen Matias	71 NW S6th CT Ft landerdle F1. 33309	<b>©</b> ⁄Add
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		<del></del>	Change
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Note: If th	date, if other than the te date is listed, the date must date inserted in this blue of the December on the December 2 on	ock does not a	meet the appl	icable statutory	g or more than 90 da filing requiremen	( <b>optional)</b> sys after filing.) nts, this date w	Pursuant to rill not be	605.0207 ( listed as t
	d specifies a delayed th day after the rec			ot an effect	ive tîme, at 12	2:01 a.m. o	n the ea	rlier of:
Dated	Apr:/ 12	<u></u>	201°	8				
•		Signature of a	member or aut	horized represen	tative of a member	<del></del>	<del></del>	-
	-	Tax	ISPN	Mat nted name of sign	1015			

Page 3 of 3

Filing Fee: \$25.00