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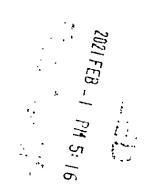
(Re	questor's Name)	
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

JG CONST SUBJECT:	RUCTION TEAM LLC		
SUBJECT:	Name of Lim	ited Liability Company	······································
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JEFFERSON GONZALEZ	2	
	-	Name of Person	
		Firm/Company	<u></u>
	8846 WEST MCNAB RD	BLDG, 9-APT 306	
		Address	
	TAMARAC, FL 33321		
	JEFFGON2000@GMAIL.C	City/State and Zip Code	
	-	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all;	
JEFFERSON GONZALI	EZ	954 638-1917 at ()_	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing 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 Addres Registration 5		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	7	The Centre of 1	'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JG CONSTRUCTION TEAM LLC

2021 FEB - 1 PH <u>5: 1.6</u> (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on $\frac{03/12/3}{2}$	2018 and assigned
Florida document number 1.18000063402		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
JG RESTORATION CONTRACTOR LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	address on our reco	rds, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida :	treet address
		waa
	City	, Florida 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address 021 FEB - 1 PM 5: 16	Type of Action
			□Add
			□Remove
			🗆 Add
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	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 timeet the applicable statutory filing requirements, this date will not be listed as the
e record specifies a delayed effective date, but nord is filed.	of an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JANUARY 23	2021
Signature of	a member or authorized representative of a member
S.B. Marie C. C.	
JEFFERSON GONZALEZ	