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180007	4051
(Requestor's Name)	
(Address)	100324616901
(Address)	100324010301
(City/State/Zip/Phone #)	02/21/1301015014 **60.00
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	2019 FEB 21 PH 6: 55
Office Use Only	
	C. GOLDEN

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×		COVER LETTER	т
TO: Registration So Division of Co		a .	
	TRUCTIONS LLC		
SUBJECT:	Name of Lim	ned Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	FREDERIK RAFAEL PAI		
		Name of Person	
	10702 CORSICAN ST	FunicCompany	
	ORLANDO, 141, 32824	Address	
		City/State and Zip Code	
	E-mail address' (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
FREDERIK RAFAEL P		407 285-2474	
Name o	of Person	at () Area Code — Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	1

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

FILED

0	F	2019 FEB 21 PM 6:55
JVS CONSTRUCTIONS LLC		
(Name of the Limited Liability, Compa (A Florida Limited	<u>ny as it now appears on our records.</u>) [iability Company]	in the start <u>the</u>
The Articles of Organization for this Limited Liability Company L18000074051 Florida document number	were tiled on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (<u>Principal office address MUST BE A STREET ADDRESS)</u>	12001 FLORIDA WOODS LANE	
	ORLANDO, FL 32824	
Enter new mailing address, if applicable:		
(<u>Mailing address MAY BE A POST OFFICE BOX)</u>	12001 FLORIDA WOODS LANE	
	ORLANDO, FL 32824	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name of the new

	City	FIOFICIA Zip Code
		. Florida
	Enter Florida street a	delress
New Registered Office Address:		
<u>Name of New Registered Agenn</u> .		
Name of New Registered Agent:		

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</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	FREDERIK RAFAEL PATINO CHIRINOS	12001 FLORIDA WOODS LANE ORLANDO, FL 32824	= Add
			🗆 Remove
			Change
			🗆 Add
			Remove
			🗋 Change
			Ö Add
			Remove
			Change
			D Add
			Remove
			Change
			🗆 Add
			Remove
			Change
			🗇 Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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01/01/2019	

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 02/05/ 2017
da.
Signature of a member or authorized representative of a member
NELSON LEONARDO VALLES AVILA
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00