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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: LICENSE EXAM SERV Account Name

Account Number : I20120000042

Phone

: (941)706-2336

Fax Number

: (866)473-0571

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

jpitts10@yahoo.com

Fma	11	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JP CONSTRUCTION AND DESIGN LLC

Certificate of Status	LATE LA GRAV	,,, · 0
Certified Copy	137	0
Page Count		7
Estimated Charge		\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	lion Section of Corporations		
SUBJECTE.	JP CONSTRU	CTION AND DESIGN LLC	
SUBJECT:	Name of L	imited Liability Company	and the state of t
		:	
The enclosed Artic	eles of Amendment and fee(s) are si	uhmitted for filing	
		<u>-</u>	
riease return an co	prrespondence concerning this matter	er to the following:	
	•	JONATHAN W/ PITES	رحنم اشر
	<u> </u>	Name of Person	
	JP CO	NSTRUCTION AND DESIGN LL	c Fig.
		Firm/Company	See See
		86 RIVER CIR	A 11: 20
		Address	
	SAI	NTAS ROSA BEACH, FL 32459	
		City/State and Zip Code	
		ONPITTS10@YAHOO.COM	
	E-mail address	: (to be used for future annual report noti	fication)
For further inform	ation concerning this matter, please	call:	
	ROBIN OCONNOR	941 at (706-2336
1	Name of Person		e Telephone Number
Enclosed is a chec	k for the following amount:	es esta	
\$25.00 Filing	_	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
## #25.00 Timing	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING ADDRESS:	STREET/COURI	
1	Registration Section Division of Corporations	Registration Section Division of Corporation	
	P.O. Box 6327 Fallahassec, FL 32314	Clifton Building 2661 Executive Ce	enter Circle
		Tallahassee, FL 32	

05/15/2018

08:02 AM PDT

TO:18506176383 FROM:9166741357

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JP CONSTRUCT	ION AND DESIGN LL	.C			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears ited Liability Company)	on our records)		
The Articles of Organization for this Limited Liability Comp	any were filed on	04/12/20	18	_ and ass	signed
Florida document numberL18000092419					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company here	2:			
	÷ .				
The new name must be distinguishable and contain the words "Limited I	Liability Company," the des	ignation "LLC"	or the abbrev	viation "L	.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	s)				
	į				
			<u> </u>	2018	
70 () () () () () ()			561		railes
Enter new mailing address, if applicable:			7.5	<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u>్రస్త్రిత్త</u> గ్రామం		1
				<u>്</u> വ	
				\triangleright	(Secondary)
B. If amending the registered agent and/or registered	d office address on o	our records,	enter the	name	of the n
registered agent and/or the new registered office address	<u>here</u> :			20	
·			چ <u>ې</u> نو		
Name of New Registered Agent:					
N. D. W. 1000 A.H.					
New Registered Office Address:	Enter Florid	a street address			
	City en la com			Ziv Code	
New Registered Office Address:	Enter Florida	, Flo	rida	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

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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>	Name	Address	Type of Action
MGR	JONATHAN W. PITTS	86 RIVER CIR	Add
		SANTA ROSA BEACH, FL 32459	□ Remove
		(☐ Change
MGR	KANSAS B PITTS	86 RIVER CIR	🖸 Add
		SANTA ROSA BEACH, FL 32459	Remove
			🗆 Change
			🗆 Add
			□ Remove
		W. AV	Change
			ERemovern
		Str. Property	Changel Changel
			□ Remove
			☐ Change
			🗆 Add
			D Remove
			Change

	iending any ot	ther informatio	n, enter:change	e(s) here: (Att	FROM: 91667 ach additional she	ets, if necessary.)	Page
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Typed or printed name of signee

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Filing Fee: \$25,00