L18000145622

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2010 JUL 27 PH 1: 12

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COVER LETTER

Division of Co			201
	TRACTOR LLC		8
SUBJECT:	Name of Lim	ited Liability Company	2018 JUL 27 PH 12:
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	ς.
	ADELA GUTIERREZ		
		Name of Person	
	JAN CONTRACTOR LLC	C	
		Firm/Company	
	P.O. BOX 771654		
		Address	
	ORLANDO FL 32877		
	LANGONTO A CTODOVA	City/State and Zip Code	
	JANCONTRACTOR@YA E-mail address: (10 be used for future annual report no	ification)
For further information	concerning this matter, please c	all:	
ADELA GUTIERREZ		985 8602479 at ()	
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Regis	LING ADDRESS: tration Section	STREET/COUR Registration Section Division of Corne	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAN CONTRACTOR LLC (Name of the Limited Liability Company as it now appear)	s on our records)
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	(((((((((((((((((((
The Articles of Organization for this Limited Liability Company were filed on JURANA LIBORALISMS	NE 13,2018 and assigned
Florida document number L18000145622	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	re:
JAN REMODELING LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "LLC" 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:	27
(Mailing address MAY BE A POST OFFICE BOX)	The second se
	RE T
B. If amending the registered agent and/or registered office address on	
registered agent and/or the new registered office address here:	-
Name of New Registered Agent:	
New Registered Office Address:	
	ada strevt address

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.

Cuv

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' = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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		<u></u>	□ Remove
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