L18000153430

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only

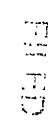


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| TO: | Registration Se Division of Cor | | • | |
|---------------------|------------------------------------|---|---|---|
| eunu | JCJ ELECT | RIC LLC | | |
| SUBJE | .cr: | Name of Lim | ited Liability Company | |
| The en- | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | JOSEPH, JEAN-CLAUDE | 2 | |
| | | | Name of Person | |
| | | JCJ ELECTRIC LLC | | |
| | | | Firm/Company | · |
| | | 6765 POMEROY CIR | | |
| | | | Address | |
| | | ORLANDO, FL 32810 | | |
| | | | City/State and Zip Code | |
| | | darley1010@yahoo.com | to be used for future annual report notifi | cuiont |
| For fur | ther information co | oncerning this matter, please ca | • | Ca 11011, |
| JOSEPH, JEAN-CLAUDE | | | 407 3400437 | |
| | Name of | f Person | Area Code Daytime | Telephone Number |
| Enclos | ed is a check for th | ne following amount: | | |
| ■ \$2 | 5.00 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) |

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JCJ ELECTRIC LLC | | | | |
|---|--|---------------------------|--|--|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | any as it now appears on our records.) Liability Company) | 110N 20 | | |
| The Articles of Organization for this Limited Liability Company | were filed on <u>07/23/2019</u> | | | |
| Florida document number L18000153430 | | 6: 3:1 | | |
| This amendment is submitted to amend the following: | | بى ت | | |
| A. If amending name, enter the new name of the limited lial | oility company here: | | | |
| JCJ ELECTRIC LLC | | | | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" or | the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 6765 POMEROY CIR | | | |
| (Principal office address MUST BE A STREET ADDRESS) | ORLANDO, FL 32810 | | | |
| | | | | |
| Enter new mailing address, if applicable: | 6765 POMEROY CIR | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | ORLANDO, FL 32810 | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the | name of the new registere | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Florida street address | | | |
| | , Florid | a | | |
| | 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|-------------------|----------------|
| GM | Gillette, Angelea | 6765 POMEROY CIR | |
| | | ORLANDO, FL 32810 | ■Remove |
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| ective date, if other than th | he date of filing: | | (optional) | |
| effective date is listed, the date n | nust be specific and cannot be pri- | | n 90 days after filing.) Pursuant to 6 | |
| e: If the date inserted in this ument's effective date on the | | | irements, this date will not be li | isted a |
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| cord specifies a delayed effect | tive date, but not an effective | time, at 12:01 a.m. on the | earlier of: (b) The 90th day at | tter th |
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| November 06 | 2020 | | | |
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Filing Fee: \$25.00

Typed or printed name of signee