# 118000154805

Requestor's Name)
Address)
Address)
City/State/Zip/Phone #)
WAIT MAIL
Business Entity Name)
(Document Number)
Certificates of Status
to Filing Officer:

Office Use Only



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07/27/18--01015--010 ++25.00



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#### **COVER LETTER**

TO:		istration Sec ision of Corp							
CUBI	D-07F	JBF Home	Services & Renovations , L	LC .					
SUBJE	ECT		Name of Lim	ited Liability Company	<del> </del>				
The en	closed	Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please	return	all correspoi	ndence concerning this matter	to the following:					
			Francisco Belen Jimene	z					
			_	Name of Person					
	JBF Home Services & Renovations , LLC								
	Firm/Company								
	2411 Condado Ct Address								
			Kissimmee FI 34743						
City/State and Zip Code									
			jbf@jbfhomeservices.com	n to be used for future annual report notifi	antion)				
For fur	ther in	nformation co	oncerning this matter, please of	·	Cation)				
Franci	isco B	Belen Jimen	ez	407 952 9554					
Name of Person at (									
Enclose	ed is a	check for the	e following amount:						
<b>■</b> \$25	5.00 F	iling 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 ADDRESS:

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

STREET/COURIER ADDRESS:

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JBF Home Services & Renovation	ons		
(Name of the Limit	ed Liability Comp. (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Li Florida document number L18000154805	ability Company	were filed on June25,2018	and assigned
This amendment is submitted to amend the folk	owing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	18 JUL F1
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company." the designation "Ll	LC" or the abbreviation "L'LC."
Enter new principal offices address, if applic	able:	2411 Condado ct	AS E O
(Principal office address MUST BE A STREE	T ADDRESS)	Kissimmee Florida 34743	5: 33
Enter new mailing address, if applicable:		2411 Condado ct	
Mailing address MAY BE A POST OFFICE	BOX)	Kissimmee Florida 34743	
B. If amending the registered agent and/registered agent and/or the new registered of  Name of New Registered Agent:			ds, enter the name of the n
New Registered Office Address:	2411 Condad		
		Enter Florida street addr	ress
	Kissimmee	, J	Florida <u>34743</u>
		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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** Name **Address Type of Action** □ Add ☐ Remove □ Change \_□ Add □ Remove る \_□ Change ☐ Change \_□ Add \_□ Remove \_□ Change □ Add \_□ Remove \_□ Change \_D Add □ Remove \_\_\_\_\_ Change

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Filing Fee: \$25.00