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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JJS FLORIDA BUILDERS CEYLON LLC

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October 15, 2018

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

JJS FLORIDA BUILDERS CEYLON LLC 1002B S CHURCH ST BOX # 10754 TAMPA, FL 33679

SUBJECT: JJS FLORIDA BUILDERS CEYLON LLC

REF: L18000229040

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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Dionne M Scott Regulatory Specialist II FAX Aud. #: H18000290769 Letter Number: 018A00020944

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JJS Florida Builders Ceylon LLC		
(Name of the Limited)	Liability Company as it now appears on our ( Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabi	ility Company were filed on09/27/201	8 and assigned
Florida document numberL18000229040	·	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Lizbility Company," the designation	"LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		;. 3)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:  New Registered Office Address:		
_		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	ngent and agree to act in this capacity. and complete performance of my dutie red agent as provided for in Chapter t istered office address, I hereby confir	es, and I am familiar with and 505, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

\_ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
AMBR	Jose A. Sulvaran	1002B S Church Street Box #107	754 Tampa, FL 33679 🗹 Add
	·		Remove
			☐ Change
		<u> </u>	Consider
<del></del>			□ Add·
			☐ Remove
			☐ Change
			D Add
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		<del></del>	□ Change
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			☐ Remove
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			Add
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			☐ Change
			[] Add
			□ Remove

D. U	amending any	other information,	enter change(s) here:	(Attach additional sheets,	f necessary.)
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L. Ellective date, if other than the	date of filing:	(optional)
(If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	lock does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) filing requirements, this date will not be listed as the
If the record specifies a delaye (b) The 90th day after the record		ve time, at 12:01 a.m. on the earlier of:
Dated October 5	, 2018	
KAn	thong Staward Signature of authorized represent	ative of a member
Kirk Anthor		
	Typed or printed name of sign	te e

Page 3 of 3

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