

LI2000284598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2019 JAN 10 PM 2:23

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FALL ADDRESS 1/10/19

D. BRUCE
JAN 15 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J&A HOME SOLUTIONS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN W MENDOZA

Name of Person

J&A HOME SOLUTIONS, LLC

Firm/Company

5959 TRIPHAMMER RD

Address

LAKE WORTH, FL 33463

City/State and Zip Code

jwmr88@gmail.com

E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

JOHN W MENDOZA

561

4101223

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing 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

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2019 JAN 10 PM 2:23
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

J&A HOME SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/11/2018 and assigned
Florida document number L18000284598.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

5959 TRIPHAMMER RD

LAKE WORTH, FL 33463

**If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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2019 JAN 10 PM 2:53
CLERK OF COURT
JAN 10 2019
CLERK OF COURT

Registered Agent's Signature, if changing Registered Agent:

*I 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
understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
submitted 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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	RODRIGUEZ, ALEXANDER D	5959 TRIPHAMMER RD LAKE	<input type="checkbox"/> Add
		WORTH, FL 33463	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DURAN, JENIRE C	5959 TRIPHAMMER RD LAKE	<input type="checkbox"/> Add
		WORTH, FL 33463	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GONZALEZ, BRYAN W	5959 TRIPHAMMER RD LAKE	<input type="checkbox"/> Add
		WORTH, FL 33463	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2018 JAN 19 PM 2:23
TALLAHASSEE, FLORIDA

including any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE NEW TITLES OF THE PERSONS MANAGING THE LLC WILL BE: MANAGER.

JOHN WILLIAM MENDOZA: MANAGER

RICCARDO BERON: MANAGER

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TALLAHASSEE FLORIDA

01/02/2019

Effective date, if other than the date of filing: _____ (optional)

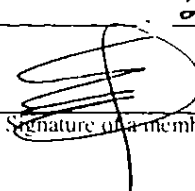
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

• The 90th day after the record is filed.

Dated JAN 5 2019


Signature of a member or authorized representative of a member

JOHN W MENDOZA

Typed or printed name of signee