

L19000061609

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number: (850)617-6383

From: Requester Name: GARY JOHNSON'S ACCOUNTING & TAX SERVICES
Requester Phone: (202)1008813
Phone: (850)189-6522
Fax Number: (202)164-1384

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: g.johnson@garyjohnsonaccounting.com

LLC AMND/RESTATE/CORRECT OR MING RESIGN
JAXPROPAINTE&CONSTRUCTION LIMITED LIABILITY COMPAN

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2024 JUL -8 AM 11:26
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T. LEMUEX
JUL 09 2024

FILED

4:24 JUL -8 PM 2:47

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JaxProPainters&Construction

(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 03/04/2019 and assigned
Florida document number L19000061609.

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:

2604 Arlex Drive

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32211

Enter new mailing address, if applicable:

2604 Arlex Drive

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32211

B. 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:

Gary Johnson's Accounting & Tax Service

New Registered Office Address:

1301 Riverplace Blvd, Ste 800-35

Enter Florida street address

Jacksonville

Florida

32207

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Melvin Muhammad	844 Whitlock Ave Ste 105	<input type="checkbox"/> Add
		Jacksonville FL 32211	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	Melvin Muhammad	844 Whitlock Ave Ste 105	<input type="checkbox"/> Add
		Jacksonville FL 32211	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Melvin Muhammad	2604 Arlex Drive	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32211	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kenace Wright	206 Arlex Drive	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32211	<input 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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.

E. 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 605.02107 (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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 08 2024

mk

Signature of a member or authorized representative of a member

Melvin Muhammad

Typed or printed name of signee

Filing Fee: \$25.00