## L19 (CCO65521

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SECRETARY OF SMIL BIVISION OF CCHEORATION OF CHEORATION

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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: JUI	Howling on Name of Lim	disposa   1	10	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Luis A.	Name of Person  Firm/Company		DIVISION OF CO
	6361 Presi	idential ct	Suite A	2 PK 12: 07
	Fort Mye	City/State and Zip Code		7
	E-mail address: (	to be used for future annual report noti	fication)	
For further information c	concerning this matter, please c	all:		
Claudia A.	Echevaria of Person	at (239) 895 - Area Code Daytim	5295 e Telephone Number	
Enclosed is a check for the	he following amount:			
X \$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 Sta Certified Copy (additional copy is co	atus &
Mailing Address Registration 9 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 C	Company were filed on <u>03\0</u>	$\frac{1}{2019}$ and assigned
Florida document number <u>L 19000 6582</u>		
This amendment is submitted to amend the following:		DIVISION 2022 SEF
A. If amending name, enter the new name of the lim	nited liability company here:	-2 Fart
JUI Construction Serv	ices UC	<u> </u>
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	"ELC" or the abbreviation "GLC"
Enter new principal offices address, if applicable:		7
(Principal office address MUST BE A STREET ADD	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		, Florida
	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 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>	Address	Type of Action
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			□Remove
			□Change
			□Remove
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f an effective date is <b>Note:</b> If the date	f other than the date listed, the date must be spinserted in this block d live date on the Departi	pecific and e loes not me	cannot be prio	cable statu				g.) Pursuant to 6	
record specifies d is filed.	a delayed effective date	e, but not a	in effective (	ime, at 12:	01 a.m. on	the earlier	of: (b) T	he 90th day af	fter the
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Dated AUG		·	cmber or and			<u>.</u>			