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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: J. EV. Flores Remodeling, 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:	
Joel Flores Moreno	
Name of Person	
7825 Bellemeade Blud. S.	2019 HAY
Jacksonville Jazzii City/State and Zip Code yellores remodeling agmail. com E-mail address: (to be used for future annual report notification)	10000000000000000000000000000000000000
E-mail address: (to be used for future annual report notification)	ED PH 12: 58
For further information concerning this matter, please call:	
July Hores Moreno at 94 763 5426 Name of Person Area Code Daytime Telephone Number	
Name of reson Attacode Daytime reteptione Attimber	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

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

	lumbel led Liability Comp	any as it now appears of Liability Company)	on our records.)			
The Articles of Organization for this Limited L Florida document number $\frac{L 900001014}{}$	iability Company	^		and ass	aigned	
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	f the limited liab	oility company hero	:			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desi	gnation "LLC" or the	abbreviation "L.	L.C."	_
Enter new principal offices address, if applic	cable:				·	_
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>					
				<u> </u>	7019 MAY	_ ~ ~
Enter new mailing address, if applicable:					<u> </u>	~ ~>:=
(Mailing address MAY BE A POST OFFICE	BOX)],	ا ف	
				200	PM 12:	_ '
B. If amending the registered agent and registered agent and/or the new registered o	or registered o ffice address her	ffice address on o <u>e</u> :	ur records, <u>ente</u>	r the name	o <u>Cathe</u>	new
Name of New Registered Agent:	Joel	Flores L	Joreno			
New Registered Office Address:	7825	110-00-00	Blw. S.			
	Jackson	nuille	, Florida _			
		City		Zio 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.

Lunging 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** 7825 Bellemende Blud S. DAdd Jacksonville FL 32211 DRem Iris V. Meding __ Change _□ Add _□ Remove □ Add ☐ Remove _□ Change _□ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change

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Note: 1	If the date insert	er than the date, the date must be sed in this block on the Depart	loes not me	et the applicab	date of filing or n	op nore than 90 days af g requirements, t	tional) ter filing.) Pursuant t his date will not b	o 605.0207 (3 e listed as th
he reco	ord specifies 90th day aft	a delayed eff er the record	ective da is filed.	te, but not	an effective	time, at 12:01	. a.m. on the ϵ	arlier of:
Dated _	Hay	9	, ;	2019	_ •			
	-All	L Y LI	ature of a me	M M	zed representativ	of a member		_

Page 3 of 3

Filing Fee: \$25.00