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COVER LETTER

Division of Corporations
SUBJECT: Change Existing LLC NCJ Construction 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:
Odell Devon Jones Jr Name of Person
NCJ Constant Services LLC
6371 Collins Rol. Apt 219
Tacksonville FL 3 22 44 City/State and Zip Code Tags 32256@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Odell Devon Jones JR at 904, 844-1393 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

NCJ Constructio		
(Name of the Limited Liability Com (A Florida Limited)	pany as it now appears on our re I Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compar Florida document number 1900 112583	ny were filed on OH o	$\frac{25 20 9}{}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
NCJ Services LLC		11 (A)
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation '	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	3
(Mailing address MAY BE A POST OFFICE BOX)		i ii
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ords, <u>enter the name of the ne</u>
Name of New Registered Agent:	1/11	
New Registered Office Address:	Enter Florida street a	ddrave
	Little Frontier Contest to	
	City	, Florida
Now Pagistared Agent's Signature if changing Registered Agen	•	ing com

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>	Name	Address	Type of Action
	N/A		
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Filing Fee: \$25.00