Division of Corporations



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Division of Corporations

Fax Number

: (850)617-6383

From:

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:

Account Name : ACCOUNTING REVENUE SERVICE, INC.

Account Number : I20110000041 Phone : (305)887-8730

Phone : (305)887-8730 Fax Number : (305)887-8744

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address:					
	Address:	Address:	Address:	Address:	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JCC REMODELING & SERVICES LLC

Certificate of Status	0
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JUN 05 2019

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JCC REMODELING & SERVICES I		
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	popears on our records.)	
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L19000128636</u> .	on FLORIDA	and assigned
This amendment is submitted to arriend the following:		
A. If amending name, enter the new name of the limited liability compa	ny 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)		2019
Enter new mailing address, if applicable:		UN -5
(Mailing address MAY BE A POST OFFICE BOX)		A D
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ess on our records, <u>en</u> t	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	nter Florida street address	
	. 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 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> MGR	Name JORGE CALVO	Address 4301 NW SOUTH TAMLAMI	Type of Action
		CANAL DR APT 212 MIAMI FL 33126	□ Remove
			☐ Change
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		CANAL DR APT 212 MIAMI FL 33126	
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the record The 90	specifies a delayed effective h day after the record is filed	date, but not an effective d.	time, at 12:01 a.m. on th	n e e arlier o
Dated	JUNE 05	2019		
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Typed or printed name of signer