L19000137676

(Red	questor's Name)	
(Add	dress)	
- (Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





600353096366

10/14/20~~01021~~025 **30.06

DEC 11 2003

4:1128 8-030 CC



2320 077 - 4 77 7:28

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2020

PEDRO JOSE JENER 18647 AUTUMN LAKE BLVD HUDSON, FL 34667

SUBJECT: JENER HOME RENOVATION, LLC

Ref. Number: L19000137676

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and s being returned to you for the following reason(s):

PLEASE COMPLETE THE ARTICLES OF AMENDMENT AND RESUMBIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

> SEE Filing

Letter Number: 620A00023348

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: JENER	HOME RENOVATION, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	:		
	JENER, PEDRO		
	•	Name of Person	
	JENER HOME RENOVA		
		Furn/Company	
	18647 AUTUMN LAKE E	BLVD	_
ı		Address	
:	HUDSON, FL 34667		
ļ	•	City/State and Zip Code	
	p.jener@hotmail.com E-mail address: (to be used for future annual report no	otification)
For further information	on concerning this matter, please or	all:	
Pranci	FIFD		
	JENER_ ne of Person	at (813) 547-9128 Area Code Dayti	me Telephone Number
. i	•	·	·
' Enclosed is a check fi	or the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee &: Certified Copy = (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
j			
P.O. Box	on Section f Corporations	Street Address: Registration Solvision of Co The Centre of 2415 N. Monrallahassee, F.	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JENER A	YOME RE.	HOVATION LC	
		ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L	iability Company	were filed on 05/22/2019	and assigned
Florida document number L19000137676	·		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	words "Limited Liabil	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	18647 AUTUMN LAKE BLVD	
(Principal office address MUST BE A STREI	ET ADDRESS)	HUDSON, FL 34667	
Enter new mailing address, if applicable:			2920 CE
(Mailing address MAY BE A POST OFFICE	BOX)		
			<u> </u>
; .			AH
B. If amending the registered agent and/or agent and/or the new registered office addresses	_	address on our records, <u>enter th</u>	
agent and/or the new registered office agure	ga nege.		
Name of New Registered Agent:	JENER, PED	RO	
New Registered Office Address:	18647 AUTUN	MN LAKE BLVD. HUDSON, FL	
			ida 34667

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>	Address	Type of Action
MGRM	JEHER, PEDRO	18647 AUTUMN LAKE BLVD HUDSON FL 34667	Z iAdd
	,		□Remove
			Change
MGRM_	JENER, PEDRO, SR		□ Add
	. ,		⊭4687 ⊠Remove
			Change
	- 		□ Add
	·		□Remove
			□Add
			🗆 Remove
	d		Change
			□Add
	i :		□Change
			□Add
			□ Remove
•			Change

_		
-		
		
_	· · · · · · · · · · · · · · · · · · ·	
_		_
_		
-		
_		
_		
_	<u>-</u>	<u></u>
_		
_		
-		
-		
_		
n offe ete:	re date, if other than the date of filing:	rrsuant to 605.02 Il not be listed
ecord	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9 d.	0th day after th
, ·•	Jea 2, 2020	
ted_	<i>ijc. ci</i> , <i>zozo</i> ,	
	Signature of a member or suthorized representative of a member	
	Significants of a mamber-or-authorized representative of a member	
	PEDRO TENER MGRM Typed or printed name of signee	

Filing Fee: \$25.00