L19000277654

(Requestor's Name)	_
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PICK-UP WAIT MAIL	
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(Business Entity Name)	
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COVER LETTER

TO:

Registration Section

Division of Co	orporations				
J & M Cle	caning And Construction LLC				
SUBJECT:					
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Maria Del Mar Vasquez M	ejia			
		Name of Person			
	J & M Cleaning And Construction LLC				
		Firm/Company			
	375 N State Rd 434 Ste 20	7			
					
	Altamonte Springs, FL 327	114			
	City/State and Zip Code				
	capitaltax1610@gmail.com				
	E-mail address: (to be used for future annual report notifi-	cation)		
For further information	concerning this matter, please ca	ill:			
Ruth E Marte		863 599-9894 at()			
Name	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Section of Corp The Centre of Tallahassee, FL.	Street, Suite 810		

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

J & M Cleaning And Construction LLC (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 Company were filed on $\frac{11-2019}{1}$ and assigned Florida document number $\underline{L19000277654}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 375 N States Rd 434 Ste 208 Enter new principal offices address, if applicable: Alamonte Springs< FL 32814 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent a

agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				· .
	Emer Florido	i street address		
		Florida	~_	© 5
	City		32 0 Co	de
New Registered Agent's Signature, if changing Register	ed Agent:		APF	<i>i</i> 7

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agrec 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, i \mathbb{P} his document is being filed to merely reflect a change in the registered office address. I hereby confirm that the linged 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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an effective date is listed.	, the date must be	specific and co	innot be prior to		ore than 90 days	after (iling.) I	
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