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(Red	questor's Name)	
(Add	dress)	
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	PNJC	ONSTRUCTION, LLC		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspo	ndence concerning this matter	to the following:	
		JESSIC	CAIME PARRILLA PIMENTEL	
			Name of Person	
			Firm/Company	<u>.</u>
	19420 ANGEL LANE			
	Address			
	ODESSA, FL 33556 City/State and Zip Code			
		р	ERRYWN54@GMAIL.COM	
			to be used for future annual report notif	fication)
For further info	ormation co	oncerning this matter, please c	·	ŕ
JESS	SICAIME	PARRILLA PIMENTEL	813 410-8813	
	Name of	î Person	Area Code Daytimo	e Telephone Number
Enclosed is a c	heck for th	e following amount:		
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Addres		Street Address: Registration Sec	rtion
Registration Section Division of Corporations			Division of Corporations	
P.O. Box 6327		7	The Centre of T	allahassee
Talla	ihassee, F	FL 32314	2415 N. Monroo Tallahassee, FL	e Street, Suite 810 32303

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	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
	7 		□Add
		*******	□ Remove
			□ Change
			□ Add
			□ Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change

i amenumg	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
_	
Note: If the da	if other than the date of filing:
record specifid is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	NOVEMBER 1 2023
	Signature of a member or authorized representative of a member
	PERRY W NAFZIGER
	Typed or printed name of signee

Filing Fee: \$25.00