## L20000055568

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
2-24-24

Office Use Only



700434168777

88/85/24--01088--015 \*\*85.00

2021 AUS 29 PH 1:21 SECRETARY OF STAT



August 7, 2024

ALBERTO D JARDIM 491 SQW 132ND TERRACE DAVIE, FL 33325

SUBJECT: CONTRACTORS JJ LLC

Ref. Number: L20000055568

We have received your document for CONTRACTORS JJ LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

SHANTELL BROWN Regulatory Specialist II

Letter Number: 824A00017500

£.04 2 9 2024

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: COV	ntractors 1	I LLC		
SUBJECT:		ted Liability Company	.,	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Alberto i Contract	) Jardim		
	a 1 t	Name of Person		
	Contract	OVS J LLC Firm/Company	<u> </u>	
	491 SW	• •	ACE	2024 AUG 29 PH 1:21 SECRETARY OF STAT SECRETARY OF STAT
	Davie +	L 33325 City/State and Zip Code		29 PH ARY OF
	dJardim 3	be Hotmail cov	cation)	1:21 5:77E
For further information co	oncerning this matter, please ca	all:		
Alberto Name of		at ( <u>954</u> ) <u>505</u> Area Code Daytime	D625 Telephone Number	_
Enclosed is a check for th	e following amount:			
■ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address Registration S	Section	Street Address: Registration Sec Division of Corp		
Division of C P.O. Box 632	7	The Centre of To 2415 N. Monroe	allahassee	0
Tallahassee, I	-L 32314	Tallahassee, FL		V

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONTRACTORS JJ	LLC
(Name of the Limited Liability Compa (A Florida Limited )	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000055568</u>	were filed on $\frac{02/19/2020}{2020}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	The second content the name of the new Provision of the name of the new Provision of the new
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records. Enter the name of the party
Name of New Registered Agent:	
New Registered Office Address:	Enter 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>	Name	Address	Type of Action
<u>AMB</u> R	JOSE A JAIMES	s 6984 SW 39th ST APT 10	Bb∧⊡ <u>8</u>
		Davie, FL 33314	<b>≅</b> Remove
			DChange
			DAdd
			□Remove
			□Change
			□Adđ
			□Remove
		SECRETALL	[3]Change
	<u> </u>	AHASSE.	Change  Of Add  PRemove
			Foliange
			🗆 Add
			Remove
		<u> </u>	□Change
			🗆 Add
			(T) D

								_
			<del>.</del>					-
		<del>.</del>					<del></del>	-
								_
			<del></del>			-	-	-
			1					-
								_
	·							-
						<del></del>	. 23	_
-						<u> 7</u> 5	7 Z	
						<u></u>	16 29 ETA	المستعدد الم
							70 7	િક <del>દે</del> _ (જ <del>્જા</del>
		•					Marie To	14.55
				. 184			755 7	
					···			_
				<u> </u>				_
	<del>.</del>	<del></del>						_
Effective date, if othe If an effective date is listed Note: If the date insert document's effective date	, the date must be spe ed in this block do	cific and ca as not med	innot be prior t et the applica	o date of filing o ble statutory fi	more than 90 da ling requireme	(optional)  ys after filing  nts, this date	;.) Pursuant to 6	05.0207 (3 sted as th
ne record specifies a dela ord is filed.	yed effective date,	but not ar	n effective tir	ne, at 12:01 a.s	n, on the earlie	r of: (b) T	he 90th day at	ter the
Dated AUGU	ST 20		202	4				
			N	rized representa	in of a market			
<del></del>	Signat	ire of a me	mber or autho	rized representa	ive or a memoer			