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(R	equestor's Name)
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(Ci	ity/State/Zip/Phone #)
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COVER LETTER

TO: Registration Section Division of Corpora		,		
SUBJECT:	Jan GT Co	On Structor ited Liability Company	1 LLC	
The enclosed Articles of Amer	ndment and fee(s) are subi	mitted for filing.		
Please return all corresponden	ce concerning this matter	to the following:		
	Mateo	Juan Na	teo	
_		Name of Person	-	
_		Firm/Company		
_	1270 N) W 14th 9	St	
_	Homesti	ead A :	33030	·
_	juan mate E-mail address: (1	City/State and Zip Code 5 1994 (2) 1016 o be used for fautre annual of	oud · Low report notification)	1
For further information concer	ning this matter, please ca			
Name of Pers	on	Area Code	Daytime Telepho	one Number
Enclosed is a check for the fol	lowing amount:			
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Ad	ldress:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Juan GT Con	Struction LL	C	
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on ounited Liability Company)	ir records.)	
The Articles of Organization for this Limited Liability Complete Florida document number 120 000 111334.	pany were filed on04	23 2020 a	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited Mg, D Construction Serv			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designati		
Enter new principal offices address, if applicable:		024 PA	<u> </u>
Principal office address MUST BE A STREET ADDRES.	<u></u>		د المعدد الم المعدد المعدد المعد
		<u> </u>	- । । <u>। । । । । । । । । । । । । । । । । </u>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records	s, <u>enter the name of t</u>	he new registere
Name of New Registered Agent:			
New Registered Office Address:	·		
	Enter Florida stre	et 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 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
			□Add
			🗆 Remove
			□ Change
			□Add
		 	□Remove
			□ Change
		 	Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

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ffective	date, if other than the date of filing: (optional)
fan effecti	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
locument	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 1's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed	
Dated	March 25 . 2024.
	a D
	Signature of a member or authorized representative of a member
	Mateo Juan Mateo

THE PARTON