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(Re	equestor's Name)	_		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Eiling Officer	1		
Special instructions to	Filing Officer.			

Office Use Only



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BECEIVED

JUN 8 2020



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JCT Property Maintenance and Remodeling LU Name of Limited Liability Company
Please return all correspondence concerning this matter to the following:
Joseph Toro Name of Person
JCT. Property maintenance and Remodeling LL Firm/Company
1511 Weaver drive Address
Joseph Toro at (813) 694 - 0404 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certified Copy Certificate of Status & Certificate of Status & Certified Copy

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

Street Address:

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

		<u> </u>
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on o d Liability Company)	our records)
The Articles of Organization for this Limited Liability Compar	iy were filed on _ OS .	AND AND PROPERTY.
Florida document number 100344459231		5.00 5. 00 5. 00 5. 00 5. 00 5.00
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	·
the new name must be distinguishable and contain the words "Limited Lia	bility Company," the designa	tion "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)		· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our record	ls, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
		, Florida
	City	Zip Code

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability npany 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
	Laura Toro	1511 weaver drive	□ Add
		Lute, FC 33559	(Premove
. 4		 	□Change
MGR	Joseph Toro	1511 Weaverdrive	(GA/qq
		Lute, FL 33559	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_ _
	<u>-</u>
	
	— ż
	
C. Effective date, if other than the date of filing: (If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	o 605.0207 (3 e listed as th
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day exord is filed.	after the
Dated <u>06-03-2020</u> .	
Signature of a member or authorized representative of a member Typed or printed name of signee	
Joseph Toro	