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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2020

RAMON A CABAN J&A CONSTRUCTION AND REPAIR LLC 1327 AZORA DR DELTONA, FL 32725

SUBJECT: J & A CONSTRUCTION AND REPAIR LLC

Ref. Number: L20000280612

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

IF YOU ARE NOT CHANGING THE ENTITY NAME, PLEASE REMOVE IT FROM LETTER A.

PLEASE REMOVE THE SOCIAL SECURITY NUMBER FROM LETTER D. PLEASE RESUBMIT.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 620A00022841

COVER LETTER

| Division | n of Cor | porations | | |
|--------------------|--------------------|---|---|---|
| J& | A CON | STRUCTION AND REPAIR | LLC | |
| SUBJECT: | | Name of Line | ited Liability Company | |
| The enclosed Ar | ticles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all | correspo | ondence concerning this matter | to the following: | |
| | | RAMON A CABAN | | |
| | | | Name of Person | |
| | | J & A CONSTRUCTION | AND REPAIR LLC | |
| | | | Firm/Company | |
| | | 1327 AZORA DR | | |
| | | | Address | |
| | | DELTONA, FLORIDA, 3 | 2725 | |
| | | 7077NUL 11070 MOGGA | City/State and Zip Code | |
| | | ESTRELLA 1869.MD@GM E-mail address: (| 1ATL.COM to be used for future annual report notif | fication) |
| for further infort | mation c | oncerning this matter, please c | all: | |
| RAMON A CAI | BAN | | 386 473-8445 | |
| Name of Person | | f Person | at () Area Code Daytime | 2 Telephone Number |
| inclosed is a che | eck for th | ne following amount: | | |
| ■ \$25.00 Filing | g 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) |
| Regist | Addres | Section | <u>Street Address:</u> Registration Sec | |
| | on of C lox 632 | orporations 7 | Division of Corp The Centre of T | |

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Kef. LZU

OF

Name of the Limited Liability Company as it now appears on our records. lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number _L 20000380613-This amendment is submitted to amend the following: 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 "LTC" or the abbreviation "LTLC 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new reagent and/or the new registered office address here: BAMON A. CABAN.

1327 AZORA DR.

Emer Florida street address Name of New Registered Agent: New Registered Office Address: Deltong Florida 327

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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

I Changing Registered Agent, Signature of New Registered Agent

| | Authorized Person(s) authorized to mai rom our records: | nage, enter the title, name, and address of each | person bei |
|------------------------|--|--|----------------|
| MGR = -Ma $AMBR = -Aa$ | nnager ithorized Member | // | 2000i |
| <u>Title</u> | Name | Address | Type of A |
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| | | | 🗆 Chang |
| MGR. | MAMON A. CASAr | 1327 Azona Dr. Deltona | iXAdd |
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| Effective date, if other than the date of filing: (optional) 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 filings) Parsuant to 605 Nate: If the date inserted in this block does not meet the applicable stanutory tiling requirements, this date will not be list document's effective date on the Department of State's records. 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 after ord is filed. Dated 12/17/2820 Remon Ferral Manual Casan Signature of a member or authorized representative of a member Remon Administration of State States of a member of signature of a member of signature of a primate frame of signature. | | Ramon, | (| · · | <u> </u> | |
|---|--------------|--------------------------|--|---------------------------------------|----------|--|
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| Parton P Casan Signature of a member or authorized representative of a member | rd is filed. | | | | | |
| Roman P Caban. Signature of a member or authorized representative of a member | Dated | 12/17/202 | | · | | |
| Signature of a member or authorized representative of a member | | 2 100 | | | | |
| | | Namon_r_96 | G | | | |

Filing Fee: \$25.00