

h20000319662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

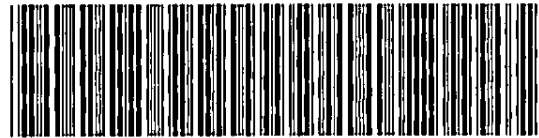
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JENNYFER CONSTRUCTION, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNYFER N OLIVIA CRUZ
Name of Person
JENNYFER CONSTRUCTION, LLC
Firm/Company
1914 FRANKFORD AVE. #406
Address
PANAMA CITY, FL 32405
City/State and Zip Code
lianconstruction2020@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNYFER OLIVIA 470 306-6539
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---|---|--|--|

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**

JENNYFER CONSTRUCTION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/09/2020 and assigned
Florida document number L20000319662.

This amendment is submitted to amend the following:

A. 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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

922 S KATHERINE AVE

PANAMA CITY, FL 32404

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

922 S KATHERINE AVE

Enter Florida street address

PANAMA CITY

City

Florida 32404

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------|--------------------------|--|
| MGR | JENNYFER N OLIVIA CRUZ | 1914 FRANKFORD AVE. #406 | <input type="checkbox"/> Add |
| | | PANAMA CITY, FL 32405 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | JENNYFER N OLIVIA CRUZ | 922 S KATHERINE AVE | <input checked="" type="checkbox"/> Add |
| | | PANAMA CITY, FL 32404 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | JOSE I PEREZ | 1914 FRANKFORD AVE. #406 | <input type="checkbox"/> Add |
| | | PANAMA CITY, FL 32405 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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[illegible]

(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 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 07/16/2021

JENNYFER N OLIVIA CRUZ

Filing Fee: \$25.00