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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
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T. MATTHEWS JUN 21 2022

COVER LETTER

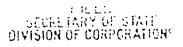
TO:

Registration Section
Division of Corporations

	.
SUBJECT: Jordan and Jo	hason Construction Service LL
The enclosed Articles of Amendment and fee(s) as	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
	•
Tedro	Johnson Name of Person
Ped	Tchn son J Firm Company
1820	Prairie Road Apt3
West Po	Olm Beach Fl 33406 City/State and Zip Code
<u>magdalen</u>	olegro 91 @ grost. com ress: (table used for future anabal report notification)
For further information concerning this matter, ple	ase call:
Pedro Johnson Numbe of Person	at (SO) 294 - S343 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee & Certificate of State	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



The Articles of Organization for this Limited Liability Company were filed on 11/1/20 and assigned _20000364918 Florida document number 1 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 "L4.C" or the abbreviation "L4.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) 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: Enter Florida street address City 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>	Address	Type of Action
MGR Magdalina	Magdalena Legvor Pavon		Add
	tavon	1820 Prairie Pd Apt 3 West Polm Beach, FL 3340	XRemove
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ian offi <u>Vote:</u>	ve date, if other than the date of filing: A 25, 2027 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
()C (1111	and seffective date on the Department of State's records.
record Lis fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated _.	April 25. 2022
	Alexand I
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00