# 421000105671

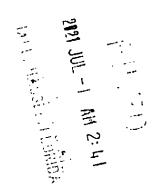
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(Address)
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(Document Number)
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#### **COVER LETTER**

TO:	Registration Sec Division of Corp					
CILID	I COT	NSTRUCTION LLC				
SUBJECT: Name of Limited Liability Company						
		Amendment and fee(s) are sub-				
		JOSE A MARTINEZ				
			Name of Person			
		JA & JF CONSTRUCTION	N LLC			
			Firm/Company	<del> </del>		
	7061 OLD KINGS RD S APT 216					
	Address					
		JACKSONVILLE, FL 322	17			
			City/State and Zip Code			
		taxesydocumentos@yahoo.o				
		E-mail address: ()	to be used for future annual report notif	ication)		
For fi	urther information co	ncerning this matter, please ca	all:			
JOSE	E A. MARTINEZ		at () 414 1625			
	Name of	Person	Area Code Daytime	e Telephone Number		
Enclo	osed is a check for th	e following amount:				
<b>□</b> \$	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

100 100

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JA & JF CONSTRUCTION LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our rec nited Liability Company)	oras.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 03/04/2021	and assigned
lorida document number L21000105671		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>s</u> ,	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		3
		2:
B. If amending the registered agent and/or registere egistered agent and/or the new registered office address	ed office address on our reco shere:	ords, enter the name of the
Name of New Registered Agent:	, <u></u>	
New Registered Office Address:	Enter Florida street ad	dress
		. Florida
	City	Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

IN A SE CONCERNICEION I C

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	JUVENAL FRANCISCO	14072 Manowar Ln	Add
		Jacksonville, FL 32250	□ Remove
		<del></del>	□ Change
			Add
			Remove
		<del></del>	Change
<del></del>			□ Add
			Remove
			Change
			Add F
		<del></del>	Remove
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	· · · · · · · · · · · · · · · · · · ·		Add
			□ Remove
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<del></del>			
			☐ Remove
			Change

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	A. A.
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<del></del>	2:41 2:41
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fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of the listed inserted in this block does not meet the applicable state cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an ef The 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier
red June 28 . 2021	
Signature of a nix lober or authorized rep	presentative of a member
Signature of a missober or authorized rep	presentative of a member

Page 3 of 3

Filing Fee: \$25.00