## L21000124460

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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Division of C					
JMAC C	Construction of Central Florida LL	.c ,			
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
	Jeff MacFarlane				
		Name of Person	<del> </del>	-	
	Jmac Construction of Cen	tral Florida LLC			
		Firm/Company		262	
	90 Wentwood dr.			2021 JUN	
	<del></del>	Address	<del> </del>	1	
	Debary, Fl. 32713			( )	
		City/State and Zip Code		. N.	
	jmac_const@yahoo.com			3	
	E-mail address: (	to be used for future annual report notif	ication)		
For further information	n concerning this matter, please c	all:			
Jeff Macfarlane		321 282-8823 at ()			
Nam	e of Person	Area Code Daytime	Telephone Number	•	
Enclosed is a check fo	r the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jmac Construction of Centtral Florida		
(Name of the Limited (A	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab	oility Company were filed on 3/16/202	and assigned
Florida document number L21000124460		
his amendment is submitted to amend the follow	ring:	
a. If amending name, enter the new name of the	he limited liability company here:	
Imac Construction of Central Florida LLC		
The new name most be distinguishable and contain the word	ds "Limited Liability Company." the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le: N/A	- (= 13
Principal office address MUST BE A STREET.	ADDRESS)	
		166 St. 1866
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BO	<u></u>	
If amonding the registered agent and/a	S. A	
<ol> <li>If amending the registered agent and/or registered office address l</li> </ol>	istered office address on our record here:	s, enter the name of the new regis
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida str	eet address
		, Florida
	City	Ziv 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>	Address	Type of Action
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			□Remove
			Change
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cord specifies a delayed effec s filed.	ive date, but no	ot an effective	time, at 12:0	la.m. on the e	earlier of: (b)	The 90	Oth day	after th
ed		2021	·					
	Jeffery	MacFa	rlane					
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