L21000112946

(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 So Division of Cor	ection rporations		
		Jay's Home Impr	rovement LLC	
SUBJI	ЕСТ:			
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Jorge Lobos	
			Name of Person	
		Jay's	Home Improvement LLC	
			Firm/Company	
			2750 Idylridge way	
			Address	
		Wir	iter Haven Fl 33881	
		<u></u>	City/State and Zip Code	
			Jayshomeimpllc@gmail.c	
		E-mail address: (to be used for future annual report i	notification)
For furt	ther information c	oncerning this matter, please co	all:	
		Jorge Lobos	863	8442078
*	Name o	f Person	at ()	time Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	0.00 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI, 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

	MPROVEMENT LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears Limited Liability Company)	on our records,)
The Articles of Organization for this Limited Liability C Florida document number <u>L21000142946</u>	Company were filed on	3/26/2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company her	<u>e</u> :
Jay's #	1 Home Improvement LLC	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	da street address
<u></u>		, Florida
	City	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>	Address	Type of Action
			□ Remove
			Change
			□ Remove
			Change
			🗖 Add
			□ Remove
			☐ Change
			□ Add
			🗆 Remove
			☐ Change
			Add
			D Remove
			Change
			□ Add
			□ Remove
			Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:)(b ie
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.	
Danid	06/03/2021	
Dated	0 0 0	
	Signature of a member or authorized representative of a member	
	Jorge Lobos	

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Typed or printed name of signee

Filing Fee: \$25.00