

L21 000 15 7260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

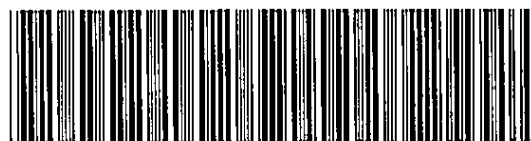
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6/22/21

Office Use Only



300364375533

05/17/21--01046--027 **25.00

21 MAY 17 PM 3:45

STATION
CLERK
RECEIVED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: JMORALES REMODELING, 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:

JUAN MORALES

Name of Person

JMORALES REMODELING, LLC

Firm/Company

230 SE 2ND AVE., APT. A1

Address

SOUTH BAY, FL 33493

City/State and Zip Code

jmoraes612000@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN MORALES

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

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

VOLUME 10

(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 APRIL 5TH, 2021 and assigned Florida document number L21000157260.

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:

230 SE 2ND AVE

(Principal office address MUST BE A STREET ADDRESS)

APT, A1

SOUTH BAY, FL 33493

Enter new mailing address, if applicable:

230 SE 2ND AVE

(Mailing address MAY BE A POST OFFICE BOX)

APT. A1

SOUTH BAY, FL 33493

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

_____, 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

21 MAY 17 PM 3:45

AMBR = Authorized Member

[illegible]

(Attach additional sheets, if necessary.)

21 MAY 17 PM 3:45

21 MAY 17 PM 3:45

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (optional)
(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.

If the record 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 record is filed.

Dated MAY 5TH 2021

Signature of a member or authorized representative of a member

JUAN ROBERTO MORALES

Typed or printed name of signee

Filing Fee: \$25.00