L21000342599

(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:

Office Use Only



400368851724

07/01/21--01018--027 **25.00

FILED 2021 JUL -1 PM 2: 13 SECRETARY OF STATE

The state of the s

COVER LETTER

10: Registration Se Division of Cor			
SUBJECT: 4.	J.T Contro	nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jose M	edvano Name of Person	
		Firm/Company	
	239256	E FWUST9])and.
	Portsain	T Lucie FL (3498489 = 7
		CONTO 23 DUM (10 be used for future annual report notif	Cation) HS N
For further information co	ncerning this matter, please c	all:	13
DIANKA	Person	at (305) 834	1-6446 February
rume of	7 (130)	Area Code Daytime	: Telephone Numberà
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4.J.T. Contract U	, C .	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000242899</u>	were filed on 5/24/202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability. J. J. T. Contract LLC The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name of the limited liability of the new name of the new		previation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	-Co
(Principal office address MUST BE A STREET ADDRESS)		702)
Enter new mailing address, if applicable:	TAHASSE SE	
(Mailing address MAY BE A POST OFFICE BOX)	- T-S	_ <u>v</u> ,
		-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name	of the new registered
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 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
			□Add
			□Remove
			□Change
			S Add
			Remark
			PECHAPE
			PA PAdd
			□Remove
			Change
			□ Add
			Remove
		-	☐ Change
	·		□Add
			Remove
			□Change
			□Add
			□Remove
			∏ Changa

				-	
	<u> </u>			_ <u>_</u>	
	- <u> </u>	_			
					<u> </u>
· · · · · · · · ·					-
	<u>, , , , , , , , , , , , , , , , , , , </u>				
			<u> </u>		
					
		····	·	<u> </u>	
					SIF N
					- Z.
					<u> </u>
			· -		50
	<u> </u>	-			TO R

	•	<u></u>			
Tective date, if other to an effective date is listed, the	than the date of fil	ing:		(option	nal)
ate: If the date inscried	in this prock noce he	и писси ине арриса	o date of filing or more ble statutory filing ro	than 90 days after fi equirements, this o	ling.) Pursuant to 605. late will not be liste
ocument's effective date	on the Department o	of State's records.			
record specifies a delayer is filed.	d effective date, but r	not an effective tim	nc, at 12:01 a.m. on t	he carlier of: (b)	The 90th day after
ated <u>Hay 25</u>		. 202			
- /					
					

Filing Fee: \$25.00