# 121000268998

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	(Requestor's Name)	
	(Address)	_
	(Address)	
	(Address)	_
	(City/State/Zip/Phone #)	
	PICK-UP WAIT MAIL	
	(Business Entity Name)	_
-	(Document Number)	
Certifie	ed Copies Certificates of Status	_
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Spec	cial Instructions to Filing Officer:	
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	Mbx 5.50	

Office Use Only



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10/13/21--01040--009 \*\*25.00



A. BUTLER
DEC 1 2 2021

#### **COVER LETTER**

SUBJECT: Build	, Repair, Ocm Name of Limi	Olish ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jose Ju	Name of Person	<del>_</del> .
	Build, Repa	Firm/Company	
	5400 Lei	Sure S+ Address	<del></del>
		nor, FL 3352 City/State and Zip Code	
	Garcias 91280 E-mail address: (1	oicloud, Com to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca		
Jose Juan Name of	Govern JC Person	at (352) \$34 Area Code Daytime	4770 e Telephone Number
Enclosed is a check for th	e 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)

TO: Registration Section

Division of Corporations

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

(Name of the Limited Liability Company as it now appears on our records!) U = 5 | KH | | : 2 | | The Articles of Organization for this Limited Liability Company were filed on 10/13/21 Florida document number L21000268998. 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Jose 1 Juan Garcia Jr Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

Tose Juan Garcia Jr If Changing Registered Agent, Signature of New Registered Agent

\_\_\_\_\_, Florida \_\_\_\_\_ Zip Code If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		<del></del>	□Remove
		<del></del>	□Change
			□Add
		<del></del>	□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			①Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>
E. Effective date, if other than the date of filing:
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 $11/29/21$
JOSE Juan Gay Coia Jr  Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member
Typed or printed name of signee
Typed or printed name of signee

2021 DEC -6 PH 12: 52

## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 27, 2021

JOSE JUAN GARCIA JR 5400 LEISURE ST RIDGE MANOR, FL 33523 US

SUBJECT: BUILD, REPAIR, DEMOLISH LLC

Ref. Number: L21000268998

We have received your document for BUILD, REPAIR, DEMOLISH LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 421A00026172

Anissa Butler Regulatory Specialist II

www.sunbiz.org