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2021 AUG 26 PM 2: 04 SECRETARY OF SPACE TALLAHASSEE, FL

## COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

JEAN'S RO SUBJECT:	OFING AND REPAIR LLC		
JOBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subi	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	NELY ABAUNZA		
		Name of Person	
	JEAN'S ROOFING AND I	REPAIR LLC	
		Firm/Company	
	6630 BEACH BLVD SUIT	۲7	
		Address	<u> </u>
	JACKSONVILLE, FL 322	16	
		City/State and Zip Code	
	jeansroofing@gmail.com		
	E-mail address: (	to be used for future annual report not	itication)
For further information c	oncerning this matter, please ca	all:	
NELY ABAUNZA		904 805-6040 at ()	
Name of Person		at ()	ne Telephone Number
Enclosed is a check for the	ne 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 9 Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our a imited Etability Company)	records.)	
mpany were filed on 07/01/2021	<u></u>	and assigned
ed liability company here:		
ed Liability Company," the designation	"LLC" or the abb	reviation "L.L.C."
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office address on our records,	enter the name	e of the new register
Enter Florida street	address	
	Florida	
City		Zip Code
	ed liability company here:  Ind Liability Company." the designation  SSS)  Enter Florida street	A Liability Company," the designation "LLC" or the abb

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
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			□Add
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ective date, if other than the elective date is listed, the date must te: If the date inserted in this blowment's effective date on the De	ock does not meet the ap	oplicable statutory	or more than 90 days	optional) after tiling.) s, this date v	Pursuant to 6 vill not be l	505.020 isted a
cord specifies a delayed effective stiled.	date, but not an effecti	ive time, at 12:01 a	.m. on the earlier o	of: (b) The	90th day a	iter th
August, 20th	2021	·				
	Signapure of a member of					

Typed or printed name of signee