

8/26/22, 10:58 AM

Division of Corporations



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000289355 3)))



H220002893553ABC3

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : DOSSANTOS AND MACHADO, LLC  
Account Number : I20140000089  
Phone : (754)301-2128  
Fax Number : (954)252-4650

2022 AUG 26 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: info@gfstaxacct.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JVML CONSTRUCTIONS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. BRUMBLEY

AUG 29 2022

**COVER LETTER**

H22000289355 3

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JVML CONSTRUCTIONS 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:

GILVAM F DOS SANTOS

\_\_\_\_\_  
Name of Person

GFS TAX & ACCOUNTING SERVICES

\_\_\_\_\_  
Firm/Company

11764 W SAMPLE RD STE 102

\_\_\_\_\_  
Address

CORAL SPRINGS FL 33065

\_\_\_\_\_  
City/State and Zip Code

INFO@GFSTAXACCT.COM

\_\_\_\_\_  
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

GILVAM F DOS SANTOS

954

9573244

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H22000289355 3

JVML CONSTRUCTIONS LLC

(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 07/23/2021 and assigned Florida document number L21000335261.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
 2022 AUG 26 PM 12:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

**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*

*City*

*Florida*

*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:

H22000289355 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	B & B INFINITY LLC	3669 NW 19TH ST	<input type="checkbox"/> Add
		LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mariana Martins Reis Lucena	3669 NW 19TH ST	<input checked="" type="checkbox"/> Add
		LAUDERDALE LAKES, FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H22000289355 3

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

n/a

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

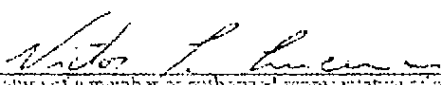
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 AUGUST 25

2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

DE LUCENA, VICTOR S

\_\_\_\_\_  
Typed or printed name of signer