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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

JamesCo L SUBJECT:			
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jesse Gallimore		
		Name of Person	
	JamesCo LLC		
		Firm/Company	
	32520 Scenic Hills Drive		
		Address	
	Mount Dora, FL 32757		
		City/State and Zip Code	
	jesse@jamescobuilders.con		***
	E-mail address: (	to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Jesse Gallimore		352 630-0281	
Name of Person		at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section		Registration Section	
Division of Corporations P.O. Box 6327		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 I	Liability Compa Florida Limited	iny as it now appears on our reco Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liabi Florida document number L22000078600	ility Company	were filed on 2/17/2022	and assigned
'his amendment is submitted to amend the followi	ing:		
A. If amending name, enter the new name of th	<u>e limited liab</u>	ility company here:	
amesCo Builders, LLC			
he new name must be distinguishable and contain the words	s "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable	e:	32520 Scenic Hills Drive	
Principal office address MUST BE A STREET A		Mt. Dora, FL 32757	20 <b>23</b>
			'Y
inter new mailing address, if applicable:		32520 Scenic Hills Drive	B-6
Mailing address MAY BE A POST OFFICE BOX)		Mt. Dora, FL 32757	
	_		
			31.00
. If amending the registered agent and/or registered office address h		address on our records, <u>ente</u>	r the name of the new regist
Name of New Registered Agent:			
New Registered Office Address:	New Registered Office Address: 32520 Scenic Hills Drive		
		Enter Florida street addr	ess
4	Mount Dora	, F	Florida <u>32757</u>
		City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

JamesCo LLC

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
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			□Remove
			Change
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Filing Fee: \$25.00