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COVER LETTER

	gistration Se ision of Cor			
SUBJECT:	JOSH I. LL	С		
SOURIECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		ISRAEL NAVARRETE		
			Name of Person	
		JOSH I, LLC		
			Firm/Company	
		3920 SW 30TH STREET	D15	
		APP Providence of the second s	Address	
		OCALA, FL 34474		
			City/State and Zip Code	
		israelnavarrete7627@gmail	.com to be used for future annual report no	atiliantian)
For further i	nformation co	oncerning this matter, please c		ATTEMENT)
ISRAEL NA	VARRETE		239 651-9109	
·	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$ 25.00 F	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)
	iling Address		Street Address:	
	gistration S vision of Co	orporations	Registration S Division of Co	
	D. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOSH I. LLC		5
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 02/18/2022	and assigned on
Florida document number L22000081598		<u>)</u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
JOSH I. REMODELING, LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	PRESS)	
Enter now mailing address if analizable		
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
		*/-
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	City	Zin 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:

AMBR =	vianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			CJ Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
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Note: If the date inserted:	than the date of filing:	Pursuant to 605.0207 vill not be listed as
document's effective date		
he record specifies a delayed	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	90th day after the
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he record specifies a delayed ord is filed.		90th day after the 2022 JUL 15 AH

Filing Fee: \$25.00