

L22000083161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 APR 21 AM 9:12

T. MATTHEWS

APR 26 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 APR 21 AM 7:59

SECRETARY OF STATE  
TALLAHASSEE, FL

April 4, 2022

SHALONDA GRIER  
500 EAST STATE RD 434  
LONGWOOD, FL 32750

SUBJECT: JMS HOME RESTORATION LLC  
Ref. Number: L22000083161

We have received your document for JMS HOME RESTORATION LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Tekayla T Matthews  
OPS

Letter Number: 122A00007441

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JMS Home Restoration 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:

Shalanda Opier  
Name of Person

JMS Home Restoration LLC  
Firm/Company

7133 Prado Ave  
Address

Orlando Fla 32819  
City/State and Zip Code

mbs.shalanda@ yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shalanda Opier at 407, 361-4291  
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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

JMS Home Restoration LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

22 APR 21 AM 9:12

The Articles of Organization for this Limited Liability Company were filed on 2.21.22 and assigned  
Florida document number 22000083161

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)

500 East State Rd  
434 Suite #03  
Longwood FL 32750

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7133 Prato Ave  
Orlando, Fla  
32819

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

Florida

City

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.

Shalanda Oliver

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:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Shalanda Grier	7133 Prato Ave	<input type="checkbox"/> Add
		Orlando, Fla	<input type="checkbox"/> Remove
		32819	<input checked="" type="checkbox"/> Change
AMBR	Shalanda Grier	7133 Prato Ave	<input checked="" type="checkbox"/> Add
		Orlando, Fla	<input type="checkbox"/> Remove
		32819	<input type="checkbox"/> Change
AMBR	Justin Edwards	7133 Prato Ave	<input type="checkbox"/> Add
		Orlando Fla	<input checked="" type="checkbox"/> Remove
		32819	<input type="checkbox"/> Change
AMBR	Jessyca Brown	7133 Prato Ave	<input type="checkbox"/> Add
		Orlando, Fla	<input checked="" type="checkbox"/> Remove
		32819	<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

[illegible]

02.21.22

**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.

Dated 4-13-2022

Shalonda Orie

Signature of a member of domestic firm: Shalonda Grier  
Typed or printed name of signer

Typed or printed name of signee