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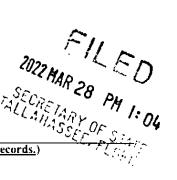
COVER LETTER

TO:

	istration Se ision of Cor				
SUDIECT.	JC Elevator				
SUBJECT:	******		ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter	_		
		Jean C Orozco			
			Name of Person	 	
			Firm/Company		
		215 SW 1st Ct #1			
			Address		
		Pompano Beach, Florida 3	3060		
			City/State and Zip Code		
		orozcoje12@gmail.com			
For further in	oformation c	E-mail address: (oncerning this matter, please ca	to be used for future annual report not	tification)	
	normation c	oncerning this matter, piease ca			
Jean			786 689-0253 at ()		
	Name o	f Person	Area Code Daytin	me Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	filing Fee	S30.00 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 Addres	= -	Street Address:	action	
Registration Section Division of Corporations		_	Registration Section Division of Corporations		
). Box 632		The Centre of	•	
Tal	lahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JC Elevators 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	y were filed on <u>02/28/2022</u>	and assigned
Florida document number L22000101832		
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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address [In In I		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
	address on our records, e	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	uddress
		_, Florida
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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
AP	Jean C. Orozeo	215 SW 1st Ct #1 Pompano Beach, F1, 33060	= Add
			□Remove
		·	Change
		<u></u>	□ Add
			□Remove
			□Change
			□ Add
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			Change

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ument's effective date on the Department of State's records. cord 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 stilled.		_
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	Nan C. Oraco	
	Signature of a member or authorized representative of a member	