L22 000 167072

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| 8/22 |

Office Use Only



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06/07/22--01008--010 **25.00

COVER LETTER

Registration Section Division of Corporations

TO:

| JC IRRIG. SUBJECT: | ATION SERVICE LLC | |
|--|--|--|
| SUBJECT: | Name of Lin | nited Liability Company |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. |
| Please return all corresp | ondence concerning this matter | to the following: |
| | JULIO CESAR CASTILL | O RAMOS |
| | | Name of Person |
| | JC IRRIGATION SERVI | CE LLC |
| | | Firm/Company |
| | 836 YOUNGREEN DR | |
| | | Address |
| | FORT MYERS/FLORIDA | . 33913 |
| | | City/State and Zip Code |
| | JCIRRIGATIONSERVICE | 1@GMAIL.COM |
| | E-mail address: (| to be used for future annual report notification) |
| For further information of | concerning this matter, please c | all: |
| JULIO CESAR CASTIL | LLO RAMOS | 239 357-1094 at() |
| Name o | of Person | Area Code Daytime 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 & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of State Certified Copy (additional copy is en |
| Mailing Address Registration : Division of O P.O. Box 632 Tallahassee, | Section Corporations 27 | 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

JC IRRIGATION SERVICE LLC

2022 JUN -7 AM 8: 19

| | orida Limited Liability Company) | ALP##A25, 7000019 |
|--|---|--|
| The Articles of Organization for this Limited Liabilit | by Company were filed on $\frac{04/07/2}{}$ | 022 and assigned |
| Florida document number L22000167072 | , | |
| This amendment is submitted to amend the following | 3: | |
| A. If amending name, enter the new name of the l | limited liability company here: | |
| The new name must be distinguishable and contain the words | Limited Liability Company," the design | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AD | DRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | ds enter the name of the new regi |
| B. If amending the registered agent and/or registe | ered office address on our recor | ds, <u>enter the name of the new reg</u> i |
| B. If amending the registered agent and/or registe | ered office address on our recor | ds, <u>enter the name of the new reg</u> i |
| B. If amending the registered agent and/or registe | ered office address on our recor | ds, <u>enter the name of the new reg</u> i |
| B. If amending the registered agent and/or registe agent and/or the new registered office address her | ered office address on our recor | ds, <u>enter the name of the new regi</u> |
| B. If amending the registered agent and/or registe agent and/or the new registered office address her Name of New Registered Agent: | ered office address on our recor | |
| | ered office address on our recor e: | |

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 |
|--------------|-------------------------------------|---|----------------|
| MGR | JULIO CESAR CASTILLO RAM O S | 836 YOUNGREEN DR, FORT MYERS, FL, 33913 | ■Add |
| | | | □Remove |
| | | | □Change |
| AMBR | JULIO CESAR CASTILLO RAMOS | 836 YOUNGREEN DR, FORT MYERS. FL, 33913 | ■Add |
| | | | □Remove |
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| an effe | ve date, if other than the date of filing: (optional) ective 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 605.020 |
| an effe <u>ote:</u> | ve date, if other than the date of filing: (optional) |
| an effe l <u>ote:</u> | ve date, if other than the date of filing: |
| an effe ote: ocum- | cetive 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 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. d 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 |
| an effe lote: ocum- record | cetive 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 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. d 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 |
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