## L22000704849

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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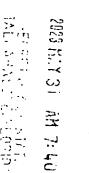
A. RIVERS

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## **COVER LETTER**

TO: Registration 9 Division of Co			<b>**</b>
JR CONC	RETE & RENOVATIONS L.L	.C.	
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
,	VICKI TAYLOR		
		Name of Person	<del></del>
	GEM INSURANCE LLC		
		Firm/Company	
	4131 SOUTHSIDE BLVD	STE 109	
		Address	
	JACKSONVILLE, FL 322	216	
		City/State and Zip Code	
	VICKI@GEM1.NET	to be used for future annual report not	fication)
For further information	concerning this matter, please c	·	,
VICKI TAYLOR		904 724-3854	
Name	of Person		ne Telephone Number
tinclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of figures	S55.00 Filing Fee & Cortified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee & Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JR CONCRETE & RENOVATIONS L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/29/2022}{1}$ \_\_\_\_ and assigned Florida document number \_\_\_\_\_L22000204849 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 "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) 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: ANTONIO FRANCISCO PAZ Name of New Registered Agent: 2857 BRISTOL HWY New Registered Office Address: Enter Florida street address

## 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.

City

QUINCY

Changing Registered Agent, Signature of New Registered Agent

Florida 3235

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
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			□Change
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ffective date, if other than	the date of filing	5/9/2023 :		(optiona	I)
an effective date is listed, the date	must be specific and o	cannot be prior to o	late of filing or more	than 90 days after filin	g.) Pursuant to 605.0207 (
Note: If the date inserted in this locument's effective date on the			e seamory ming re	equirements, this dat	e will not be fisted as t
record specifies a delayed effe	ctive date, but not a	an effective time	, at 12:01 a.m. on t	the earlier of: (b) 1	The 90th day after the
d is filed.					
Pated	<del></del> ;	2023	•		
A Antonio	Concesco				
Į.	Signature of a m	emper or authoriz	ra representative of a	а птениег	
ANTONIO FRANC	ISCO PAZ				
<del></del>		Typed or printed r	ame of signed		

Filing Fee: \$25.00