

9/20/22, 6:03 PM

Division of Corporations

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : ASAP ACCOUNTING SERVICES INC
 Account Number : I20180000009
 Phone : (239) 352-4099
 Fax Number : (239) 919-8333

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: asapaccounting@me.com

2022 SEP 22 AM 9:14

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

2022 Sep 22 11:21:00

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 JBA PRECAST LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JBA PRECAST 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:

BRYAN ALVAREZ

Name of Person

JBA PRECAST LLC

Firm/Company

140 17TH ST SW

Address

NAPLES, FL 34117

City/State and Zip Code

asapaccounting@me.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRYAN ALVAREZ

at (239) 228-9742

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**

JBA PRECAST 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 were filed on 06/08/2022 and assigned
Florida document number L22000262499.

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:

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.

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	BRYAN ALVAREZ	140 17TH ST SW	<input type="checkbox"/> Add
		NAPLES, FL 34117	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRYAN ALVAREZ	140 17TH ST SW	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JESUS ALVAREZ	140 17TH ST SW	<input type="checkbox"/> Add
		NAPLES, FL 34117	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JESUS ALVAREZ	140 17TH ST SW	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEVE ALVAREZ	140 17TH ST SW	<input checked="" type="checkbox"/> Add
		NAPLES, FL 34117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

E. Effective date, if other than the date of filing: 09/20/2022 (optional)

(If an effective 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 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated September 20, 2022

Signature of a member or authorized representative of a member

BRYAN ALVAREZ

Typed or printed name of signee