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Office Use Only

. COVER LETTER

TO: Registration S Division of Co			
	MODELING LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles (of Amendment and fee(s) are sub	nited for filing.	
	pondence concerning this matter		
	JAMES V. PRAPPAS		
		Name of Person	
	JVC REMODELING LLC		
		Firm/Company	
	495 US-19 Alt #1956		
		Address	
	Palm Harbor, Florida 3468	22	
		City/State and Zip Code	
	fsremodeling36@gmail.cor	n to be used for future annual report no	
For further information	rmail address: (n concerning this matter, please c		Mileanally
James V. Prappas		516 468-5708	
Name	e of Person	at () Area Code Day1	ime Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fec	☐ \$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)
P.O. Box 6	n Section Corporations	Street Address: Registration S Division of C The Centre of 2415 N. Mon	orporations

Tallahassee, FL 32303

-ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JVC REMODELING LLC		
(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appears on our records.) Hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000304141	were filed on 07/07/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	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)	495 US-19 Alt #1956 Palm Harbor, Florida 34682	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	ne name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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>	Address	Type of Action
Mmgr	Christian Garcia Roman	2065 SW 153rd Loop	□ ∧dd
		Ocala, Florida 34473 US	□ p
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change
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			□Remove
			Change
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			□Remove
			□ Change

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