L22000401917

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S. ROBERTS

H.AY 1 3 2023

COVER LETTER

TO:

Registration Section Division of Corporations

J & I CLEANING AND PAINTING LLC SUBJECT: 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: LESTER RODRIGUEZ Name of Person J & I CLEANING AND PAINTING LLC Firm/Company 5419 4TH AVE. Address FORT MYERS, FL 33907 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LESTER RODRIGUEZ 918-0312 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&I C	LEANING AND PAINTING L	.LC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appe lorida Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liabil		SEPTEMBER 14, 2022	and assigned	
Florida document number L22000401917	 -			
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liability company l	here:		
J&I REMODELING AND P.	AINTING LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the abbr	eviation "L.L.C."	
T		-		
Enter new principal offices address, if applicable	:			
(Principal office address MUST BE A STREET A	DDRESS)		20/	
		•	73 75	
			~)	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO.)	ν)		•	
	<u> </u>		,	
				
			7	
B. If amending the registered agent and/or regis	tered office address on our	records, enter the name	of the new registere	
agent and/or the new registered office address he	e <u>re</u> :			
Name of New Registered Agent:				
_	· 			
New Registered Office Address:				
	orida 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>	Name	Address	Type of Action
			□Add
			□Add
			□Remove
			□Add
			□Remove
		<u> </u>	□ Change
			□Add
			Change
			□Add
			Change
			
			□Remove
			Fig

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) I WANT TO CHANGE THE PART ON THE NAME FROM CLEANING TO REMODELING 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. MARCH 20 2023 Lestor Nort de For. Signature of a member or authorized representative of a member LESTER RODRIGUEZ Typed or printed name of signee

Filing Fee: \$25.00