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COVER LETTER

Division of Corp			
SUBJECT:	JMV Klinling	and Domo Lit	ion UC
SUBJECT:		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter (to the following:	
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	Jefferson J	olion villatico	
		Name of Person	
		. I MV	
		Firm/Company	
	1000 NE	m TIL ST	
	1060 NE 1	Address	<u></u> _
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	North Micmi &	aca, Florida, 331	62
	T 10	City/State and Zip Code	
	E-mail address: (1	Me 196 anail. Om o be used for futbre annual report no	tification)
For further information or	oncerning this matter, please ca		
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Leffer con	blin Villa	at () Off-	832 - 5145
Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a check for th	e following amount:		
图 \$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 Addres		Street Address:	_
Registration S		Registration S	
Division of C P.O. Box 632	-	Division of Co The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMV Rinting and	Demolition LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on o la Limited Liability Company)	pur records.)	
The Articles of Organization for this Limited Liability (Florida document number 12-200418160	Company were filed on <u>09</u> 2	6 2022	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
JMV BUSINESS (Company L.L.C		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designa	ition "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	<u>. '</u>	======================================
	<u> </u>		3
			-41
Enter new mailing address, if applicable:		ن. ا	
(Mailing address MAY BE A POST OFFICE BOX)	 	1070 1777	<u> </u>
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		<u>[1]</u>	.
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		is, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reei adaress	
	City	, Florida	Zıp Code
	Cuy		ар ские

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
			□Add
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Note:	tive date, if other than the date of filing:
e reco ord is f	rd 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 filed.
Dated	03 31 2003 . 15:00
	JMY
	Signature of a member or authorized representative of a member
	CAFERON WILL PRO

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