

L22 000503865

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: J&A PREMIER BUILDERS 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:

Kristin Matthews

Name of Person

Firm/Company

1309 Thomasville Rd., Ste. 206

Address

Tallahassee, FL 32303

City/State and Zip Code

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

For further information concerning this matter, please call:

Kristin Matthews

Name of Person

at (850) 597-3900

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**

J&A PREMIER BUILDERS 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 11/30/2022 and assigned  
Florida document number L22000503865.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

J&C INVESTMENT HOLDINGS LLC

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          | AUSTIN GHAZVINI | 4708 CAPITAL CIRCLE NW | <input type="checkbox"/> Add               |
|              |                 | TALLAHASSEE, FL 32303  | <input checked="" type="checkbox"/> Remove |
|              |                 |                        | <input type="checkbox"/> Change            |
| MGR          | COLSON HOSFORD  | 4708 CAPITAL CIRCLE NW | <input checked="" type="checkbox"/> Add    |
|              |                 | TALLAHASSEE, FL 32303  | <input checked="" type="checkbox"/> Remove |
|              |                 |                        | <input type="checkbox"/> Change            |
|              |                 |                        | <input type="checkbox"/> Add               |
|              |                 |                        | <input type="checkbox"/> Remove            |
|              |                 |                        | <input type="checkbox"/> Change            |
|              |                 |                        | <input type="checkbox"/> Add               |
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|              |                 |                        | <input type="checkbox"/> Change            |
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|              |                 |                        | <input type="checkbox"/> Remove            |
|              |                 |                        | <input type="checkbox"/> Change            |

2023  
11 9 23

(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)

Typed or printed name of signee