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DATE:

11/06/2023

NAME:

JAIME GONZALEZ JR LLC

TYPE OF FILING: AMENDMENT

COST:

60.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

O: Registration Se			
JAIM	E GONZALEZ	Z JR LLC	
SUBJECT: O'THE		ited Liability Company	
	Amendment and fee(s) are sub	· ·	
	Jaime Gonz	alez	
		Name of Person	
	JAIME GON	IZALEZ JR LL	C
		Firm/Company	202
	1548 S Miss	ouri Ave	3
		Address	
	Clearwater,	FL 33756	
	admin@execontl	-	
For further information co	e-mail address: (oncerning this matter, please c	to be used for future annual reporall:	t notification)
Brandon	- , ,	_{3/} 818 ₃ 886	-4895
Name of	f Person	Area Code Da	sytime Telephone Number
Enclosed is a check for th	ne 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**

JAIME GONZALEZ JR LLC

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000011353</u> .	were filed on	01/04/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	œ:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de-	signation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	1548 S Miss	ouri Ave	
(Principal office address MUST BE A STREET ADDRESS)	Clearwater, f	FL 33756	2073
			AIIM 8
Enter new mailing address, if applicable:	1548 S Miss	ouri Ave	9 - Au
(Mailing address MAY BE A POST OFFICE BOX)	Clearwater, I	FL 33756	- <u>1</u> 9.6
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the name</u>	of the new register
Name of New Registered Agent: Jaime Gon	zalez		
New Registered Office Address: 1548 S Mis	souri Ave		
National College Lines Lines (1995).	Enter Florid	da street address	
Clearwater		, Florida <u>33</u>	756
	City		Zip Code

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 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>	Type of Action
AMBR	Jaime Gonzalez	1548 S Missouri Ave	= Add
		Clearwater, FL 33756	□Remove
			□Change
			□ Add
			🗆 Remove
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an effective date is I lote: If the date ir	other than the date of listed, the date must be specif nserted in this block does we date on the Departmen	fic and cannot be prior to not meet the applicat	o date of filing or mo ble statutory filing	(option re than 90 days after fil requirements, this d	ing.) Pursuant to 605	.0207 ed as
record specifies a l is filed.	delayed effective date, bu	it not an effective tim	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after	r the
	phor 3rd	2023	_· _	0		
_{lated} Noven	iber 3rd			/1		
Dated Noven		Jame	- Cau	Malas		
Noven		of a member or author	ized representative	May gu		