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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	nited Liability Company	<del>_</del>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JULIAN C. TORRES RAI	MIREZ			
	Name of Person				
	J&J OMEGA CONSTRUCTIONS LLC				
		Firm/Company			
	2429 CANCUN DR				
		Address	<del></del>		
	KISSIMMEE, FL 34743		ZUZI HAR SECRETI TALLT		
	•		— AR		
	JULIANUSA2001@GMAI	L.COM (to be used for future annual report notification)	2		
for further information c	oncerning this matter, please c		AH 9: CESTA		
JULIAN C. TORRES RA	AMIREZ	407 7911328	ATE 38		
Name o	f Person	at () Area Code Daytime Telephone Nur	mber		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ificate of Status & fied Copy ional copy is enclosed)		
<u>Mailing Addres</u>		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ility Company as it now appears on our recor da Limited Liability Company)	'ds.)
Company were filed on 02/13/2023	and assigned
·	
mited liability company here:	
imited Liability Company," the designation "LD	C" or the abbreviation "L.L.C."
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DRESS)	23 NAR
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	711 N I
	- <del> </del>
<del></del>	m w
ed office address on our records, <u>enter</u> :	r the name of the new regist
Enter Florida civoat addra	
	loridaZip Code
	Company were filed on 02/13/2023  mited liability company here:  imited Liability Company," the designation "LL  DRESS)  red office address on our records, ente :

## 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 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
AMBR	PALMA REYES, JUAN C	4230 BROOKMYRA DR	≣Add
		ORLANDO, FL 32837	□Remove
		<del></del>	Change
			□Add
			Remove
			Change
	<del></del>		□ Add
			Remove
			-2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -2 -
			□Change
			□Add
			Remove
			Change
			□ Add
			Remove
			☐ Change

If amending any other	information, enter cl	nange(s) here: (Al	<i>нася анашопаі snee</i>	is, y necessary.)	
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Effective date, if other If an effective date is listed, to Note: If the date inserted document's effective date	he date must be specific and in this block does not r	d cannot be prior to date neet the applicable s	of filing or more than 9 tatutory filing require	(optional)  Odays after filing.) Purs ments, this date will t	uant to 605.0207 (2 not be listed as th
e record specifies a delayerd is filed.	ed effective date, but not	t an effective time, a	: 12:01 a.m. on the ca	rlier of: (b) The 90t	h day after the
Dated <u>02/27</u>	/2023			8 70 62 62	[F]] 2023 MAR –
	11.1				AR T
	Signature of a	member or authorized	representative of a mem	ber	<del></del>
JULIAN C. T	ORRES				

Typed or printed name of signee