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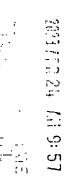
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Document Number)					
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ro: Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	JB Moya Construction Services IIe				
306/1.01.	 -	Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	1 all correspo	ondence concerning this matter	to the following:		
		jesus anthua benitez moya			
			Name of Person		
Firm/Company					
3603 powers ridge et					
Address					
		orlando florida 32808	Charles and Mr. Call		T
		jbmoyaconstruction@gmail	City/State and Zip Code .com		112
			to be used for future annual report no	tification)	
For further i	nformation c	oncerning this matter, please c	all:		(- <u> 0</u>
		f Person	at () Area Code Davti	me Telephone Number	
	iname o	i Person	Area Code Dayti	me reiepnone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00 1	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filin Certificate Certified Certifie	of Status &
	iling Addres		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 ORGANIZATION OF

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our re a Limited Liability Company)	cords.}	
The Articles of Organization for this Limited Liability C	Company were filed on	and assigned	
Plorida document number	······		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "	LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDI	RESS)		
		193	
Enter new mailing address, if applicable:		\sim	
Mailing address MAY BE A POST OFFICE BOX)			
Manny data to Mill DE 11 OST OF THEE BOXY			
	<u> </u>	<u></u>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>er</u>	nter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street ac	Limon	
	City	, Florida	

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.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	estefany j almendarez		🗀 Add
		3603 powers ridge et orlando florida 32808	■Remove
ambr	arianith maria moya morales	3603 powers ridge et orlando florida 32808	≣ Add
			Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	787 □Remove
			Change
			ু ন্ট ্ ল
		,	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

document's effective date on the Department of State's records.

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 ord is filed.

Dated

APRIL 19

2023

Signature of a member or authorized representative of a member

JESUS ANTHUA BENITEZ MOYA

Typed or printed name of signee