123000122016

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700405349387

Luni/22 -6.2... 622 *:21...

7077/R31 PH 1:54

R. HUNT 03/3//23

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SOUTH JAX FLOORS L	d Liability Company
The enclosed Articles of Amendment and fee(s) are submi	tted for filing.
Please return all correspondence concerning this matter to	the following:
Jovier 01	vera Hernandaz Name of Person
	r- 3
	Firm/Company -: 23
4455 Ans	on Drive
	Address
Jacksonvill	Le FL 32246 ESS THE City/State and Zip Code FAIT ST
•	City/State and Zip Code O Q Mail Com.
E-mail address: Ito	be used for future annual report notification)
For further information concerning this matter, please call:	
Jovier Olvera Hernandez Name of Person	at (904) 2225725.
· · · · · · · · · · · · · · · · · · ·	Aca code Dayone Perphone Number
Enclosed is a check for the following amount:	
■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroc Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Jax	Floors L	LC.			
(Name of the Limit	ed Liability Company a (A Florida Limited Liabi	s it now appears on our lity Company)	records.)	· · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited Li Florida document number <u>123000 1228</u> 9		re filed on <u>03</u> 09	2023	and a	ssigned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liability	company here:			
The new name must be distinguishable and contain the w	ard, "Limited Liability (Sunnany " the decimation	"I f f" or the abb	reviation "	110"
Enter new principal offices address, if applic	•			;;;	L.L.G.
(Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>		AHASSEE FL	3 PH : 54	
B. If amending the registered agent and/or reagent and/or the new registered office addres		ress on our records. §	enter the name	of the n	ew register
Name of New Registered Agent:	Olvera	Hernandez	Javier		
New Registered Office Address:	4455 Ar	Son Drive Enter Florida street	address		
	Jacksonville			32246 Zip Code	<u>,</u>
Now Dogistored Agent's Signature if shanging the	logictored Agents				

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
M6 B	Olvera Hernanc	<u>lez</u> Javlen	Jacksonville FL 32246	XAdd
				□Remove
				□Change
MGR	Olivery Herrond	63 Javrer	4455 Anson Drive Jicksonville FL 32246	
			ricksonville +c 32246	Remove
				□Change
				□ Add
				□Remove
				2673 ElChange
			ASSEE, FL	
			ATE	1)-
				Change
***************************************				□Add
				□Remove
				Change
				□Add
				Remove
				□Change

							•••	· · · · · · · · · · · · · · · · · · ·		_	
				-							
											
_											
					17	•					
_									· - ·		
_				<u>-</u>							
										75.5	
									AHA:	ယ	
_									38.5.4 30.5.4.0.E	_ 	<u> </u>
_							- ,-			: I H	
									IAI IAI	<u>ဂ</u>	
									, , ,	~-	
_							_				
					···						
											 -
								,			
ectiv	e date, if other th	an the date of	filing:					(optio	nal)		
1 effec	tive date is listed, the date inserted in	tate must be specif	fic and ca	umot be pri	or to date o	f filmg or m	ore than 90 g requiren:	days after ients, this	filing.) Put date will	rsuant to I not be	605.020 listed a
umen	it's effective date of	the Departmen	it of Sta	te's record	ls.						
s filec	specifies a delayed (l.	effective date, bu	ut not ar	i effective	time, at I	2:01 a.m. c	on the earl	ier of: (b)	The 90	th day	atter the
	kЛ	1.									
	March	28th	,	2023	<u>.</u> .						
ted			1	27							
ted			~~ /\c	-)//							

Filing Fee: \$25.00