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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.** -.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2JBR CONSTRUCTION SERVICES LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2JBR CONSTRUCTION SERVICES 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 03/22/2023	and assigned
Florida document number <u>L23000146809</u>	-	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	united Liability Company," the designation "LLC" or the	abbreviation "L.I. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		me of the new registered
Name of New Registered Agent:		~ ~ ~ ~
New Registered Office Address:	Enter Florada street address Florida	- ·
New Registered Agent's Signature, if changing Registe		Esp Cold
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	nt and agree to act in this capacity. I further a I complete performance of my duties, and I an I agent as provided for in Chapter 605, F.S. O ered office address, I hereby confirm that the t	r familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Rosa Maria Llanes Cedeno	12294 SW 29 TERRACE	XAdd
		MIAMI, FL 33175	
			IIChange
MGR	Rosa Maria Llanes Cedeno	12294 SW 29 TERRACE	XAdd
		MIAMI, FL 33175	□Remove
			: TChange
			□Remove
			□Change
			ElRemove
			□Change
			□Remove
			TChange
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _ (optional) E. Effective date, if other than the date of filing: ___ (If an effective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Pursuant to 605 0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records If 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 record is filed. Dated April 24 2023 Signature of a member of authorized representative of a member Nat Smith Typed or printed name of signee

Filing Fee: \$25.00