## L23000504886

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
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R. HUNT 11/25/23

## **COVER LETTER**

TO: Registration Se Division of Cor			
J S Remode			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Julio Sanchez		
		Name of Person	
	JS Remodeling		
		Firm/Company	
	10504 N Hamner Ave		
		Address	2023
	Tampa, FL 33612		
	jsremodeling72@gmail.com	City/State and Zip Code	29
		to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	all;	cation) H
Leo Fernandez		813 993-5202 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sect	tion

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

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

J S Remodeling LLC.		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our re limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co	mpany were filed on 11/6/2023	and assigned
Florida document number 1.23000504886		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
IJS Remodeling LLC.		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		<u> </u>
		\$ 5 3 5 3 5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		29
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		PR 800 200 72
B. If amending the registered agent and/or registered	office address on our records, e	•
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	uldress
		, Florida
	Cüy	Zip Code

## 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.

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	be specific and cannot be prior to date of ik does not meet the applicable stat	(optional) filling or more than 90 days after filing.) I utory filing requirements, this date w	
coord specifies a delayed effective is filed.	date, but not an effective time, at 17	2:01 a.m. on the earlier of: (b) The	90th day after the
November, 17	2023		
	1, 17		
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