# L24000001126

## Florida Department of State
### Division of Corporations
### Electronic Filing Cover Sheet

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To:
    Division of Corporations
    Fax Number    : (850)617-6383

From:
    Account Name   : FANJUL ENTERPRISES LLC
    Account Number : I20190000080
    Phone         : (305)603-8791
    Fax Number    : (877)503-6086

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

Email Address: _____

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
## JQ PREMIER RENOVATIONS LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
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# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

JQ PREMIER RENOVATIONS 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 01/03/2024 _____ and assigned

Florida document number L24000001126 _____ .

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

_____

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)* _____

_____

_____

**Enter new mailing address, if applicable:** _____

*(Mailing address MAY BE A POST OFFICE BOX)* _____

_____

FILED 2024 FEB -7 AM 9:47 SECRETARY OF STATE TALLAHASSEE, FL

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

| | |
|---|---|
| Name of New Registered Agent: | Jose Ignacio Quiven Rodulfo |
| New Registered Office Address: | 4440 SW ARCHER RD APT 1025 |
| | *Enter Florida street address* |
| | GAINESVILLE , Florida 32608 |
| | City                                  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.*

X _____

**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

| Title | Name | Address | Type of Action |
|-------|------|---------|----------------|
| MGR | Jose Ignacio Quiven Rodulfo | 4440 SW ARCHER RD APT 1025 | ■ Add |
|  |  | GAINESVILLE, FL 32608 | ☐ Remove |
|  |  |  | ☐ Change |
| MGR | JOSE IGNACIO OUIVEN RODULFO | 4440 SW ARCHER RD APT 1025 | ☐ Add |
|  |  | GAINESVILLE, FL 32608 | ■ Remove |
|  |  |  | ☐ Change |
|  |  |  | ☐ Add |
|  |  |  | ☐ Remove |
|  |  |  | ☐ Change |
|  |  |  | ☐ Add |
|  |  |  | ☐ Remove |
|  |  |  | ☐ Change |
|  |  |  | ☐ Add |
|  |  |  | ☐ Remove |
|  |  |  | ☐ Change |
|  |  |  | ☐ Add |
|  |  |  | ☐ Remove |
|  |  |  | ☐ Change |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

_____

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_____

**E. Effective date, if other than the date of filing:** _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) 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  February 6 _____ , 2024 _____ .

X _____
Signature of a member or authorized representative of a member

Jose Ignacio Quiven Rodulfo
-------------------------------------------------------------------------------
Typed or printed name of signee

**Filing Fee: $25.00**