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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	JT Secor	Construction L	C
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter	-	
	Gerald	Name of Person	
	JT Secon	r Construction Firm/Company	LLC 2
	7295 Bra	nch Terrace	7 12. DZ4FEB 2 SECRETA STALLAI
	Morth Pa	City/State and Zip Code Cot 1979 C SYN to be used for future annual report motifica	2024 FEB 29 AH 11: 13 SECRETARY OF STATE STATE ANASSEE. FL
	E-mail address: (t	to be used for future annual report metifica	Nail. Con Page 3
For further information c	oncerning this matter, please ca	all:	
Gerald T Name o	Secol f Person	at (<u>845)</u> <u>389</u> - Area Code Daytime T	- <u>8339</u> elephone Number
Enclosed is a check for the	ne 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)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corpo The Centre of Tal	rations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JT Sewr Co	nstruction LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)		
The Articles of Organization for this Limited Liability Company Florida document number <u>しみりののうるりり</u>	were filed on January 19, 202 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	TAR T	!
(Principal office address MUST BE A STREET ADDRESS)	D D D D D D D D D D D D D D D D D D D	7
T-4		
If amending name, enter the new name of the limited liability company here: In the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abb		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register	<u>ed</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	z.φ 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.

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</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nacole Secor	7295 Branch Terrace	□Add
		Morth Port, FL 3428	37 Remove
			□Change
			□Add
			Remove To The Change
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