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(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Division of C				
eum ir		N Construction LLC			
SORTE	SUBJECT:Name of Limited Liability Company				
The enc	losed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all corres	spondence concerning this matter	to the following:		
			Julio Javier Ayala		
			Name of Person		
			JN Construction LLC		
			Firm/Company		
1017 Chisholm Estates Drive					
			Address		
	Saint Cloud, FL 34771				
			City/State and Zip Code		
		JulioJavier991@hotmail.co			
		E-mail address: (to be used for future annual report notification)		
For furt	her informatio	n concerning this matter, please c	all:		
	Julio	J Ayala	321 318-0131 CO PR		
	Nam	e of Person	Area Code Daytime Telephone Number 20		
Enclose	d is a check fo	r the following amount:			
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
	Mailing Add Registratio		Street Address: Registration Section		
Division of Corporations			Division of Corporations		
	P.O. Box 6 Tallahassee	327 e, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JN Construction	LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records, iability Company))				
The Articles of Organization for this Limited Liability Company were filed on01/29/2024 Florida document numberL24000052698						
his amendment is submitted to amend the following:						
. If amending name, enter the new name of the limited liab	ility company here:					
JN Rigging & Tilt LLC						
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."				
inter new principal offices address, if applicable:	1017 Chisholm Estates Drive					
Principal office address MUST BE A STREET ADDRESS)	Saint Cloud, FL 34771	-				
inter new mailing address, if applicable:		PH 2				
Mailing address MAY BE A POST OFFICE BOX)		20 단기				
		174				
. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		he name of the new regis				
	Enter Florida street address					
	Flor					
	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.

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>	<u>Name</u>	Address	Type of Action
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			Change
			DAdd
			□Remove
			□Add
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Effective date, if other than the date of filing:	the applicat					
ne record specifies a delayed effective date The 90th day after the record is filed.	, but not	an effectiv	e time, at 12	2:01 a.m. on t	he ea	rlier o
Dated	024					
Qulio	Jave	er Ayal	la			
Signature of a memb	be or authori	zed representa	tive of a member		_ -	
		er Ayala				

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Filing Fee: \$25.00