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Certified Copies	Certificates of	Status
Special Instructions to F	lling Officer:	

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: L& Jays Construction LLC Name of Limited Enability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Epitino VEIOSCO Name of Person
L 8 JOYS CONSTYUCTION UC
4360 Glory Rd
Quincy, FL, 32352 City/State and Zip Code
FPIFANIONALASCOZO (COM E-mail address: (to be used for future annual report in phisication)
For further information concerning this matter, please call:
EPI-FINIO VEIOSCO at (448) 220-5620  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: 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

FILED

1 1 1014	Construction 44C. 2024 FEB 22 AMII: 15
(Name of the Limited	
The Articles of Organization for this Limited Lia	bility Company were filed on 2-12-2024 and assigned
Florida document number <u>L240500</u>	11242.
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of (	the limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	(ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registered</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
	, Florida
	City

## 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 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

<u>Title</u>	Name	Address	Type of Action
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n effective dat <u>ite:</u> If the da	, if other than to e is listed, the date note inserted in this ective date on the	nust be specific and block does not t	d cannot be prior meet the applic	to date of filing able statutory:	or more than 90 d	_ <b>(optional)</b> lays after filing.) Pents, this date wi	ursuant to 605.0207 Il not be listed as
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Filing Fee: \$25.00