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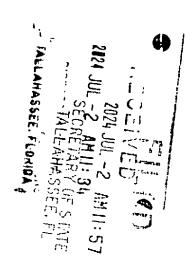
(Requestor's Name)
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Name of Limi	WSTRCTION SE	RUICES 24C
The enclosed Articles of Ar	mendment and fee(s) are subt	nitted for filing.	
Please return all correspond	lence concerning this matter (to the following:	
	JAIRE	O CALEL VICENT Name of Person	τ€
		Firm/Company	
	210 EA	RFIELD DR	
		TL 32505 City/State and Zip Code 20 @ 9mail. com o be used for future annual report notifice	
	E-mail address: (1	20 @ 9mail. com o be used for future annual report notific:	ation) SECO 21 TO
For further information con	cerning this matter, please ca		The latest
Name of P	LEL VICENTE	at (850) <u>U 65-6</u> Area Code Daytime T	306 SO Ficephone Number Ho
Enclosed is a check for the	following amount:		L11
□ \$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</u> Address:		Street 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

JC&D CONST	ROTION SERVICES 66	<u>C</u>
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number <u>L 2U0009997</u>	<u>1</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir		
JC &D CONSTRUCTION	SERVICES 460	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	_
Enter new mailing address, if applicable:		2024 JUL SECRETY
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register	and of Grand duran and an analysis at the	SEE
agent and/or the new registered office address here	:	THE OTHER WE TENDERED
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Florida street address	
	Siles From the Street Many Eas	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Register	•	ωρ τους

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, 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 _____ 🗀 Add _____ □Remove _____ □ Remove _____ ___ □Add _____ DAdd □Remove 2021 OChange 57 Change

____ □Remove

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an efi <u>(ote:</u>	tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to did. If the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records.	(optional) are of filing or more than 90 days after filing.) Pursuant to estatutory filing requirements, this date will not be	605.0207 listed as t
recor Listi	rd specifies a delayed effective date, but not an effective time, iled.	at 12:01 a.m. on the earlier of: (b) The 90th day	after the
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	570EV.)		
		d representative of a member	

Filing Fee: \$25.00