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Certified Copies	_ Certificate	s of Status
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COVER LETTER

TO: Registration Section Division of Corpo					
SUBJECT: J & J	Professiona Name of Limit	1 Dainting Services ted Liability Company	LLC		
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
		Tina Sun			
		Name of Person			
		Firm/Company			
	4123 4	U. 21 St St	en. j Jerri (* t.	20	
		Address		30 23	***
	Panama	Address Address Address Address City/State and Zip Code Panamasun Quinto be used for future annual report notification	205 BE	272	
	E mail address: (Panamasun Quin	sicon =	-23. (3)) }
For further information con	cerning this matter, please c	all:		(5) (7)	
Tino	Sun	at (\$570) 596 - /	3/2		
Name of P	erson	Area Code & Daytime Te	lephone Number		
Enclosed is a check for the	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 Stat Certified Copy (additional copy i		d)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Line (A Flo	ssional)	Oain+1	is Sep	rvicės	22	<u>_</u>	
(<u>Name of the Limited Lis</u> (A Flo	ability Company orida Limited Lial	as it now ar pility Compa	opears on our ny)	records.)			
The Articles of Organization for this Limited Liabi Florida document number <u>4/3000/37</u>	ility Company w						ned
This amendment is submitted to amend the following	ing:						
A. If amending name, enter the new name of th	e limited liabili	ty company	here:				
The new name must be distinguishable and end with the "L.L.C."	he words "Limited	l Liability Co	ompany," the	designation '	"LLC" o	r the abb	reviation
Enter new principal offices address, if applicable	le:				<u>京</u> (7) (字))CT 22	
(Principal office address MUST BE A STREET A	ADDRESS)				77. 27.	2£	9 vaa. . V . . v . . v .
Enter new mailing address, if applicable:			·		ije.	\$ \$2	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>						
B. If amending the registered agent and/or registered agent and/or the new registered office	<u>e address here</u> :						
Name of New Registered Agent:		7 700/1					
New Registered Office Address:	4123	W. 21	Frier Flor	ida stroot aa	dross		
	00.50	/ 'm	-		> o	//05	
	4123 Pana	Ma GG City		_, Florida _	Zip	Code	
New Registered Agent's Signature, if changing Reg	istered Agent:						
I hereby accept the appointment as registered a	igent and agree	to act in th	is capacity.	I further a	gree to	comply	with

If Changing Registered Agent, Signature of New Registered Agent

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Fitle</u>	<u>Name</u>	Address	Type of Action
THE	Name	146C Calhoun Ave	Type of Action
MGRM	Brayan Lopez-Simeo.	146C Calhoun Ave n Pestin, FL 32541	Add
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10/18/2013	
	
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