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COVER LETTER

Tallahassee, FL 32314

TO:	Registration S Division of Co					
CHETE	JESUS RE	EMODELING SERVICES, LLC	2			
SORTE	UI:	Name of Lim	ited Liability Company			
The enc!	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please re	etum all corresp	oondence concerning this matter	to the following:			
		JESUS ARREOLAS VAR	GAS			
			Name of Person			
		JESUS REMODELING SI	ERVICES, LLC			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	· · ·		
		1631 SW VICTOR LN				
		Address				
		PORT ST LUCIE FL 34984				
		City/State and Zip Code				
		LIZZIEBEDOLLA@GMAIL.COM				
		E-mail address: (to be used for future annual report no	tification)		
For furth	her information	concerning this matter, please co	alt;			
JESUS .	ARREOLA		717 333-7781			
	Name	of Person	at () Area Code Daytii	nie Telephone Number		
Enclosed	d is a check for	the following amount:				
		-	C ccc oo mith C e	□ \$40.00 EU F		
■ \$ 23	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addre		Street Address:			
	Registration	Section Corporations	Registration Se Division of Co			
	P.O. Box 63	-	The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JESUS REMODELING SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 12/12/2019 and a

The Articles of Organization for this Limited L	iability Company were filed on	12/12/2019 and assigned
Florida document number 1.19000302676		
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the v	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	ET ADDRESS)	The state of the s
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or agent and/or the new registered office addre		r records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	MAGDA E FUENTES GODIN	NEZ
New Registered Office Address:	1631 SW VICTOR LN	
	Enter F	lorida street address
	PORT ST LUCIE	Florida 34984
	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, 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
MGR	MAGNA E FUENTES GODINEZ	1631 SW VICTOR LN	□ Add
		PORT ST LUCIE FL 34984	■Remove
MGR	JESUS ARREOLAS VARGAS	1631 SW VICTOR LN	■Add
		PORT ST LUCIE FL 34984	□ Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			Change
			□Add
		<u></u>	Remove
			□Add
			Remove
			□ Change

11 44.51	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e	tive date, if other than the date of filing:
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	January 26 . 2020
	Signature of a member or authorized representative of a member
	Jesus Arceolas Varaas. Typed or printed name of signals.

Filing Fee: \$25.00