L23000492046

(Requestor's Name)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Sacrifica Entry Flame)					
(Document Number)					
Certified Copies Certificates of Status					
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COVER LETTER

TO: Registration S Division of Co		
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Alma Jissela Tomez	
	Name of Person	
	Firm/Company	
	2751 w 70 st hialeah	
	Address	
	hialocih #1 33010	
	Lissela V85 Damal, wm E-mail address: (to be used for future annual report notification)	
For further information c	concerning this matter, please call:	
Alma	1/SSe (a Torce at 786 255 8014 Area Code Daytime Telephone Number	
Name o	f Person Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:	
₹ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. 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

(A Florida Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/27/2025 and assigned Florida document number 423000 49 70 46 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: \[\int A \int \sum_{ent} \int \text{LLC}\] The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."
Florida document number <u>L23000492046</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JAL Services T LLC
A. If amending name, enter the new name of the limited liability company here: \[\int A \L \Serv' \cos \T \L \L \C
JAL Services T LLC
Enter new principal offices address, if applicable: 2751 W 705+ (Principal office address MUST BE A STREET ADDRESS) higher files and files address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: Alma Dissela Torrez.
New Registered Office Address: 2751 W 7051
New Registered Office Address: 2751 W 7054 Enter Florida street address higher Florida 330/6 City 7054
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 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
HGR	Alma Dissela Tome z	2751W 705T	_ GAdd
			_ □Remove
			_ Change
46R	Candida Ortzga	2751W70SthialeahFl	_ □Add
		2751W70SthialeahFl	Kemove
			_ 🗆 Change
			_ □Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
	-		_ □Change
	- 		_ 🗆 Add
-	-		_ □Remove
	The state of the s		□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) document's effective date on the Department of State's records.

Signature of a member or authorized representative of a member

Alma Jissela Toma

Typed or printed name of signee