

L20 000139582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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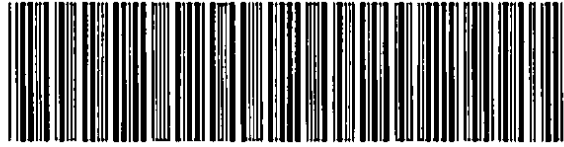
(Business Entity Name)

(Document Number)

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06/08/20--01010--029 **25.00

FILED
2020 JUN -8 AM 8:54
CLERK OF COURT
JANIS G. BROWN

JUN 25 2020
S. YOUNG

O: Registration Section
Division of Corporations

SUBJECT: JAYGO SERVICES LLC :
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAVIER LIRA
Name of Person

JAYGO SERVICES LLC
Firm/Company

1362 WCHBREEZE WAY
Address

ORLANDO, FL 32828
City/State and Zip Code

javierenrique.lira@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAVIER LIRA at (321) 947-7027
Name of Person Area Code Daytime Telephone 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 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**

JAYGO SERVICES LLC

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

FILED
2020 JUN - 8 AM 8:53
CLERK OF CIRCUIT COURT
DADE COUNTY
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number _____.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

Principal office 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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------|-------------------|--|
| MGR | JAVIER LIRA | 1302 WCHBRETT WAY | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32828 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | GONZALO DIAZ | 1933 Avenida 121 | <input type="checkbox"/> Add |
| | | Oviedo FL 32765 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

10. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

- CHANGE TITLE OF JAVIER LIRA FROM "POST" TO "MEM"
- UPDATE ADDRESS OF GONZALO DIAZ TO : 1433 AINSHER PL.
OMEGA, FL 32065

Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

6/5/2020

X



Signature of a member or authorized representative of a member

JAVIER LIRA

Typed or printed name of signer