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TALLAHASSEE: FLORIDA

D. BRUCE

FEB 2,2 2012

**EXAMINER** 

## **COVER LETTER**

Division of C						
SUBJECT:	J&J Mu	ıltiservices LLC				
	Name of Lim	ited Liability Company		_		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	pondence concerning this matte	r to the following:				
	Morris Jones					
	Name of Person					
J&J Multiservices				···		
Firm/Company						,
764 W Lumsden Rd						
	Address					
Brandon, FL 33511						
City/State and Zip Code			 			
	mjoi F-mail address:	nes@jnjmultiservices. (to be used for future annual rep	net		72	
For further information	concerning this matter, please		or nomeanon)	METAR AHASS	FEB 21	T
	Morris Jones	at ( 813 )	505-0095	E S	}÷	m
Name	e of Person		Daytime Telephone Numb	E FORID	100 L	O
Enclosed is a check for	the following amount:			20		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certifi	Filing Fee, cate of Statu ed Copy onal copy is		sed)
MAILING ADDRESS:		STREET/0	COURIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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	J&J Multise Liability Compa		s on our records.)			
(A) The Articles of Organization for this Limited Li		•	09/12/2001	and a	roionad	
Florida document numberL01000015		were filed on	03/12/2001	and as	ssigned	
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here	<u>e</u> :			
	J&J Multiserv	ices1 LLC				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Compa	ny," the designation	"LLC" or the	abbreviation	
Enter new principal offices address, if applic	764 W Lumsd	len Rd				
(Principal office address MUST BE A STREE	T ADDRESS)	Brandon FL 33511				
				では、こ		
				AE FEB	77	
Enter new mailing address, if applicable:	PO Box 185		\$5 <u>≥</u>			
(Mailing address MAY BE A POST OFFICE)	Durant FL 335	530		<u></u>		
				FL OR		
B. If amending the registered agent and/oregistered agent and/or the new registered of			ur records, <u>ente</u>	<b>5 6 6</b>	of the new	
	· ·	-				
Name of New Registered Agent:	Morris Jone	S				
New Registered Office Address:	PO Box 185					
		Ente	er Florida street a	ddress		
,		Durant	, Florida _	3353		
		City		Zip Coa	le	

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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			□ D
	<del></del>		AddRemove
			Add Remove
			<u>—</u> n
D. If amen	ding any other information, e	nter change(s) here: (Attach additional shee	ets, if necessary.)
			FIL 12 FEB 21 SEGREGIFARN ALLAMASSI
Dated	February 14th		OF STATE CARD
	Signature of	of a member or authorized representative of a me	هر
		Morris Jones	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00