

Florida Department of State
Division of Corporations
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L0600088857

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LAXMY'S CARRIER SERVICE
Account Number : I20040000007
Phone : (305) 640-0281
Fax Number : (305) 640-0282

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Laxmy@2001@yahoo.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JN SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JUN 17 2015
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JN 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:

JOSE J. TORRES
Name of Person
JN SERVICES LLC
Firm/Company
4204 NW 201ST STREET
Address
MIAMI GARDENS, FL, 33055
City/State and Zip Code
LAXMYSCARRIER1@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

LAXMY CHACON at (305) 640-0281
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JN SERVICES LLC

(Name of the 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 SEPTEMBER 07 2006 and assigned
Florida document number L06000088857

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:

8201 NW 66TH ST STE # 2

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33166

Enter new mailing address, if applicable:

8201 NW 66TH ST STE # 2

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33166

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:

GIUSEPPE MUSSO

New Registered Office Address:

8201 NW 66TH STE STE # 2

Enter Florida street address

MIAMI

City

Florida 33166

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.

(Signature)
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	JOSE J TORRES	14407 BABYLON WAY	<input type="checkbox"/> Add
		ORLANDO, FL 32824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
T A R	NOHRA I VARGAS	PO BOX 772169	<input type="checkbox"/> Add
		ORLANDO, FL 32877	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
T A R	PEDRO JUAN GONZALEZ	PO BOX 772169	<input type="checkbox"/> Add
		ORLANDO, FL 32877	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GIUSSEPPE MUSSO	8201 NW 66TH ST STE #2	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information, with a stamp on the right side.

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E. Effective date, if other than the date of filing: 05/25/16 (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 SEPT 25, 2016



Signature of a member or authorized representative of a member

José L TORRES

Typed or printed name of signee