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DIVISION OF CORPORATION

COVER LETTER

TO: Registration S Division of Co		· ·	
SUBJECT:	Jose DeJe	sus Services LLC	
		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Jose A DeJesus	
		Name of Person	
	Jose	DeJesus Services LLC	
		Firm/Company	
	6112	2 Curry Ford Rd Unit 221	
		Address	
		Orlando FL 32822	
	IDOE	City/State and Zip Code	
	E-mail address: (t	RVICES@CFL.RR.COM o be used for future annual report notif	ication)
For further information of	concerning this matter, please c	ail:	
JOS	SE DEJESUS	at (407)	453-0816
<u> </u>	of Person	at (_407)Area Code & Daytim	e Telephone Number
Enclosed is a check for t	he 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)

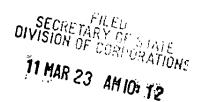
MAILING ADDRESS:

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



JOSE DE	JESUS SERVICES L	LC		
(A Florid	ity Company as it now appears a Limited Liability Company)	s on our records.)		
	,	. (
The Articles of Organization for this Limited Liability	Company were filed on	5/20/10	and assigned	
Florida document number L10000054560				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here	:		
JD SUNS	SHINE SERVICES LLC			
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Compan	y," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
<u>(Principal office address MUST BE A STREET ADI</u>	ORESS)			
			<u> </u>	
		· 		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·			
			·	
D. If amond and the market of the same	-4 1 0° 11	•		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ir records, <u>enter</u>	the name of the new	
Name of New Projectored America				
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 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:

<u>itle</u>	<u>Name</u>	Address	Type of Action
<u></u>			Add Remove
			Add Remove
			Add Remove
. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	.)
			SECRETARY VISION OF CO
 ated	March 15, 20		ANIO TO
		er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00