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SECRETARY OF STATE
AND AMASSEE, FLORIDA

T. Burch, JANA 7711

COVER LETTER

TO: Registration Se Division of Cor			
	NERAL SERVICES LLC).	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSEPH C. FERNAL	NDEZ	
		Name of Person	
	JCF GENERAL SER	VICES LLC.	
		Firm/Company	
	15219 PERDIDO DR	IIVE	
		Address	
	ORLANDO, FLORID	A 32828	
	JCFGENERALSERV	City/State and Zip Code ICES@GMAIL.COM	
	E-mail address: (16	o be used for future annual report notificat	ion)
For further information c	oncerning this matter, please ca	all:	
JOSEPH C. FERN	ANDEZ	407 531-7303	
Name o	f Person	Area Code & Daytime To	elephone Number
Enclosed is a check for the	ne 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



January 2, 2014

JOSEPH C. FERNANDEZ 15219 PERDIDO DRIVE ORLANDO, FL 32828

SUBJECT: JCF GENERAL SERVICES LLC

Ref. Number: L10000110844

We have received your document for JCF GENERAL SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 314A00000035

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Compar A Florida Limited L	iy as it now appears on our iability Company)	records.)		
The Articles of Organization for this Limited Lia Florida document number L10000110844	bility Company	were filed on OCT 2	5, 2010	and assi	gned
This amendment is submitted to amend the follow. A. If amending name, enter the new name of the submitted to amend the follow.	· ·	lity company here:	•	SECRE TALLAH	
The new name must be distinguishable and end with the w	ords "Limited Liabi	lity Company," the designati	ion "LLC" or the a	bbreviation "L	.L.C."
Enter new principal offices address, if applica	ble:	15219 PERDID		5 AH 30 Y OF SEE, F	
(Principal office address MUST BE A STREET	ADDRESS)	ORLANDO, FLO	ORIDA 328	9: 05 MATE ASTATE PRIDA	
Enter new mailing address, if applicable:		15219 PERDID	O DRIVE		
(Mailing address MAY BE A POST OFFICE B	OX)	ORLANDO, FLO	ORIDA 328	328	
B. If amending the registered agent and/o registered agent and/or the new registered offi			ecords, <u>enter</u>	the name o	of the new
Name of New Registered Agent:	JOSEPH C	C. FERNANDEZ			
New Registered Office Address:	15219 PEF	RDIDO DRIVE			
		Enter Florida stree			
	ORLANDO) City	, Florida <u>32</u>	2828 Zip Code	
		Сиу		zip Coae	

New Registered Agent's Signature, if changing Registered Agent:

JCF GENERAL SERVICES LLC.

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

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	JORGE C FERNANDEZ	3807 PYRITE DRIVE ORLANDO FL 32826	Add
			■ Remove
D	V VICTORIA FERNANDEZ	3807 PYRITE DRIVE ORLANDO FL 32826	□ Add
			■ Remove
MGR	JOSEPH C FERNANDEZ	15219 PERDIDO DRIVE ORLANDO FL 32828	 }
		•	Remove
			JAN 16dd All CHETAR FOOT
			N 16d AM Soove TAR ELOF S FATE
			□ Remove
			
			Remove

15219 PERDIDO DRIVE, ORLANDO,FL 32828 CURRENT MAILING ADDRESS: 15219 PERDIDO DRIVE, ORLANDO,FL 32828 E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated JANUARY 10TH 2014 Signature of a member of authorized representative of a member JOSEPH C. FERNANDEZ		JRRENT PLACE OF BUSINESS:
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated JANUARY 10TH 2014 Signature of a member of authorized representative of a member	15	219 PERDIDO DRIVE, ORLANDO,FL 32828
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated JANUARY 10TH 2014 Signature of a member of authorized representative of a member	CL	JRRENT MAILING ADDRESS:
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated JANUARY 10TH 2014 Signature of a member of authorized representative of a member	15	219 PERDIDO DRIVE, ORLANDO,FL 32828
-	(The effective the date this	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State) ANUARY 10TH 2014
JOSEPH C. FERNANDEZ		·
Typed or printed name of signee		

14 JAN 16 AM 9: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00