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(Re	equestor's Name)	
(Ad	ldress)	<u>.</u>
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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SECRETARY OF STATE

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COVER LETTER

	ion of Cor			
SUBJECT:	JANVA	N SERVICES, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	II correspo	ndence concerning this matter	to the following:	
		IVANHOE BECKFORD		
		N SERVICES, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: IVANHOE BECKFORD Name of Person JANVAN SYSTEMS INTEGRATORS, LLC Firm/Company 1900 SW 85TH AVENUE Address NORTH LAUDERDALE, FL 33068 City/State and Zip Code JANVANSERVICES@GMAIL.COM E-mail address: (to be used for future annual report notification) concerning this matter, please call: O 772 293-7176 Person Area Code Daytime Telephone Number		
		JANVAN SYSTEMS INT	FEGRATORS, LLC	
		W700 77 77 00, 0 0 00 0 0 0 0 0 0 0 0 0 0	Firm/Company	293-7176 Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy
		1900 SW 85TH AVENU	E	
		<u> </u>	Address	
		NORTH LAUDERDALE	, FL 33068	
			City/State and Zip Code	
		_		
		E-mail address; (to be used for future annual report no	otification)
For further info	ormation c	oncerning this matter, please ca	all:	
IVANHOE BECKFORD		at ()		
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a c	heck for th	ne following amount:		
■ \$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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

ny as it now appears on our records.) Liability Company)				
were filed on	and assigned			
oility company here:				
lity Company," the designation "LLC" or the ab	oreviation "L.L.C."			
1900 SW 85TH AVENUE				
NORTH LAUDERDALE, FL 33068				
24907 ACADIA PARK CIRCLE KATY, TX 77493				
<u>e</u> :	the name of the n			
H AVENUE	HE PR			
Enter Florida street address	SET 16			
DERDALE , Florida 330	~~			
City	Zip Code			
<u>-</u>				
	NORTH LAUDERDALE, FL 33068 24907 ACADIA PARK CIRCLE KATY, TX 77493 ffice address on our records, enter e: CKFORD TH AVENUE Enter Florida street address DERDALE , Florida 336			

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

Page 1 of 3

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>	Address	Type of Action
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ote: If th	e date inserted in this block does not meet the apsetfective date on the Department of State's reco	pplicable sta	tutory filing requ	irements, this d	ate will i	not be lis	sted a
Journe !	refreshive date on the Department of State 3 few	orus.					
	specifies a delayed effective date, but th day after the record is filed.	it not an e	ffective time,	at 12:01 a.r	n. on t	he earl	lier d
ated	MARCH 21 2018	3 					
	7	0/					
	Signature of a member or	authorized re	presentative of a m	ember			
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Page 3 of 3

Filing Fee: \$25.00