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COVER LETTER

	gistration Sec vision of Corp			
		OSIBODU UNCLAIMED PR	OPERTY SERVICES, LLC	
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please retur	n all correspon	dence concerning this matter t	to the following:	
		JOSIAH S. OSIBODU		
			Name of Person	
		MOYER & OSIBODU UN	ICLAIMED PROPERTY SERVIC	CES, LLC
			Firm/Company	
		7320 E. FLETCHER AVE	ENUE, SUITE 102	
			Address	
		TAMPA, FL 33637		
		_	City/State and Zip Code	
		INFO@MOYEROSIBODU		
		E-mail address: (t	o be used for future annual report notifi	cation)
For further i	information co	ncerning this matter, please ca	ill:	
JOSIAH S	OSIBODU		813 388-6217 at ()	
	Name of	Person	at ()	Telephone Number
Enclosed is	a check for the	e following amount:		
□ \$25.00	Filing Fee	S30.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOYER & OSIBODU UNCLAIMED PROPERTY 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 Com	pany were filed on JAN	IUARY 11, 2012	and assigned
Florida document number L12000005668			· ·
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>'e</u> :	
JSO CONSULTING SERVICES, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	signation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>		
		250	200
Enter new mailing address, if applicable:			= =
(Mailing address MAY BE A POST OFFICE BOX)		(A)	<u></u>
			<u> </u>
			[:] ~
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our rec	ords, enter the name o	fithe new registered
agent and/or the new registered office address here.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Floria	la street address	
		173	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agented	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of n t as provided for in Ch	ny duties, and I am fam napter 605, F.S. Or, if t	iliar with and his document is

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>	Address	Type of Action
MGR	KATHLEEN H. MOYER	13113 LILITA AVENUE	□Add
		DOVER, FL 33527	■Remove
			□Change
MGR	FAITH O. OSIBODU	10619 LUCAYA DRIVE	■Add
		TAMPA, FL 33647	□Remove
			□Change
	<u>_</u> _		□Add
			□Remove
			□Change
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Note: If the	date inserted in t	an the date of fili ate must be specific a this block does no the Department o	and cannot be prior it meet the applic	to date of filing or able statutory fil	more than 90 days	after filing.) Pursuar	nt to 605.0207 (be listed as t
e record speci rd is filed.	ifics a delayed ef	ffective date, but n	iot an effective ti	me, at 12:01 a.m	. on the earlier o	of: (b) The 90th o	lay after the
ΙΔΝΙ :	JARY	11	2020				
Dated	_						
Dated	Jose	Signature of	a member or author	orized representative	e of a member		

Filing Fee: \$25.00