L12000075181

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

J. BRYAN

JUL -2 2012

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	JZ SEF	RVICES, LLC.	
	Name of Lim	ited Liability Company	.
	of Amendment and fee(s) are sultpondence concerning this matter	_	
		Suely Oliveira Name of Person	FILE PH 3: 28 THE LANGE SEE, FLORIF THE LAN
Tax Place			
	Firm/Company		
1660 W Hillsboro Blvd			
		Address	
Deerfield Beach, FL 33442			
		City/State and Zip Code suely@taxplace.com	
	E-mail address: (to be used for future annual report no	diffication)
For further information	n concerning this matter, please of	call:	
Joao	Sanches Zambotti	at (_954_)	369-4444
Name	e of Person	Area Code & Dayti	me Telephone Number
Enclosed is a check for	r 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)
	ILING ADDRESS:	STREET/COUI Registration Sect	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ERVICES, LLC.		. <u></u>
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability (Florida document numberL12000075181		06/06/2012	and assigned
This amendment is submitted to amend the following:			des E M
A. If amending name, <u>enter the new name of the lim</u>	ited liability company he	<u>re</u> :	題馬丁
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Compa	any," the designation "L	LC or the abbreviation
Enter new principal offices address, if applicable:			10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Er	ter Florida street add	ress
		, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Fernando Sanches	4409 NW 6th Ave Pompano Beach, FL 33064	✓ Add Remove
, <u>, , , , , , , , , , , , , , , , , , </u>			Add Remove
			Add Remove
	 		Add Remove
			Add Remove
			Add Remove
D. If am	nending any other information, en	ter change(s) here: (Attach additional sheets, if	
			TALLAHASSER.
Dated	06/19/2012	_,	H 3: 28
	Signymre 8	Joao Sanches Zambotti Typed or printed name of signee	r

Page 2 of 2

Filing Fee: \$25.00