

FROM metro business agency  
Division of Corporations

(MON)AUG 12 2013 18:24/ST. 18:23/No. 9160170837 P 1  
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**L130000008071**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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*Amend*

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : METRO BUSINESS AGENCY, INC.  
Account Number : I20080000101  
Phone : (239) 466-8600  
Fax Number : (239) 275-0865

2013 AUG -3 AM 8:32  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***  
**Email Address:** \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**JAY GENERAL SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED  
13 AUG 13 AM 6:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

AUG 14 2013

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Help

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **JAY GENERAL SERVICES LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**HANNA SRODA**

Name of Person

**METRO BUSINESS AGENCY INC**

Firm/Company

**15200 S TAMiami TRAIL 117**

Address

**FORT MYERS, FL 33908**

City/State and Zip Code

**HANNA SRODA**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**HANNA SRODA**

Name of Person

at **239 466-8600**

Area Code & Daytime Telephone Number

Enclosed is a check for 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)

**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**

**JAY GENERAL 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 Company were filed on 01/16/2013 and assigned  
Florida document number L13000008071

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4508 29TH ST SW

LEHIGH ACRES, FL 33973

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4508 29TH ST SW

LEHIGH ACRES, FL 33973

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARIA DE FATIMA DOS SANTOS	4508 29TH ST SW	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL 33973	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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STATE OF FLORIDA

FROM metro business agency

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated AUGUST 12TH , 2013 .

Jurandir G Costa

Signature of a member or authorized representative of a member

JURANDIR G COSTA

Typed or printed name of signee

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Filing Fee: \$25.00

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STATE  
CLERK