

L13000074148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
2014 SEP 15 AM 10:50
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10/4/2014
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SECRET
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JRV 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:

Jose Ventura

Name of Person

JRV Services LLC

Firm/Company

226 N Nova RD # 345

Address

Ormond Beach FL 32174

City/State and Zip Code

jrvventura2011@yahoo.com

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

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For further information concerning this matter, please call:

Jose Ventura

Name of Person

347 969-7504

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**

JRV 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 September 12, 2014 and assigned Florida document number L13000074148.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

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 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Joseph N. Ventura</u>	<u>226 N Nova RD # 345</u>	<input type="checkbox"/> Add
		<u>Ormond Beach FL 32174</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Gregory Henry</u>	<u>1332 Sunset Blvd.</u>	<input type="checkbox"/> Add
		<u>Daytona Beach FL 32117</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Abihail Ventura</u>	<u>1st Address:</u>	<input checked="" type="checkbox"/> Add
		<u>226 N Nova RD # 345</u>	<input checked="" type="checkbox"/> Remove
		<u>Ormond Beach FL 32174</u>	
		<u>2nd Address:</u>	<input type="checkbox"/> Add
		<u>810 East Marshall ST.</u>	<input type="checkbox"/> Remove
		<u>Wytheville VA 24382</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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FALL 14 2014

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

N/A

E. Effective date, if other than the date of filing: N/A (optional)

(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 September 12, 2014.



Signature of a member or authorized representative of a member

Jose Ventura

Typed or printed name of signee

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