L13000079527

| (Re | questor's Name) | |
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| Certified Copies | Certificate | s of Status |
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| Special Instructions to | Filing Officer: | |
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| TO: Registration So Division of Cor | | | |
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| JA SCREE SUBJECT: | ENING LLC | | |
| | Name of Lim | ited Liability Company | |
| | Amendment and fee(s) are sub | _ | |
| · | HIDALGO, MELVIN | Ü | |
| | | Name of Person | |
| | JA SCREENING LLC | | |
| | | Firm/Company | |
| | 2321 51ST TERR SQ | | |
| | | Address | |
| | NAPLES FL 34116 | | |
| | jascreens@gmail.com | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notific | cation) |
| For further information c | concerning this matter, please co | all: | |
| HIDALGO, MELVIN | | 239 200-5570 at () | |
| Name o | l Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | | Street Address: Registration Sect | tion |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JA SCREENING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 06/03/2013 The Articles of Organization for this Limited Liability Company were filed on ___ and assigned Florida document number _____ L13000079527 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address , Florida City 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 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 | VALDEZ HILARIO, ANDRES | 11410 WHISTLERS COVE CIR APT 1016 | □Add |
| | | NAPLES, FL 34113 | ■Remove |
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| Effecti | ve date, if other than the date of filing: |
| Note: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th |
| docum | ent's effective date on the Department of State's records. |
| | |
| the record cord is fil | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the |
| | |
| Dated | February 05 2021 |
| Duite. | |
| | Melvin Hidalow |
| | Signature of a member or authorized representative of a member |
| | Melvin Hidalgo / Title MGRM |
| | Typed or printed name of signee |

Filing Fee: \$25.00