# L13000117293

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D. DRIVE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: JUL Panting and Cleaning Services LLC Name of Limited Leability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jovan Radmanovic  Name of Person
JLR Parting and Cleaning Services LLC
2836 Revere Ct.
Casselborry, FL 32707 City/State and Zip Code
E-mail address: (to be used for fulure annual report notification)
For further information concerning this matter, please call:
Milica Radbuanovic at ADA FOI -1507 Programme of Person Area Code Daytime Telephone Number 2015
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$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

The Articles of Organization for this Limited Liability Company were filed on \( \omega \) \( \omega \) \( \omega \) \( \omega \) Florida document number L13000147293 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 "L.L.C." 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 City

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.

New Registered Agent's Signature, if changing Registered Agent:

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 **Type of Action** Title <u>Name</u> **Address** AMBR ZELJKO Radmanovic 676 Venture Ct. XAdd Writer Springs, FL 327080 Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change ☐ Add □ Remove ☐ Change Remove\* ເມ <u>^</u>ഇ Add ☐ Remove

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an effe	ve date, if other than the date of filing:  O 107 120 6  (o)  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a  if the date inserted in this block does not meet the applicable statutory filing requirements,  ent's effective date on the Department of State's records.	ptional) fter filing.) Pursuant t	
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Filing Fee: \$25.00