

L14000124957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

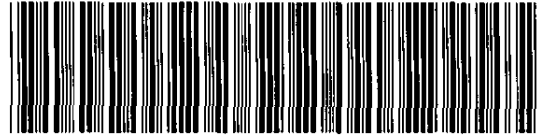
(Business Entity Name)

(Document Number)

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09/29/15--01016--023 **25.00

FILED
15 SEP 19 PM 1:35
RECEIVED
STATE OF ARIZONA
CLERK OF SUPERIOR COURT
PHOENIX, ARIZONA

[Handwritten Signature]
9/30/15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 SEP 18 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 3, 2015

SERVIMAX SERVICES, LLC
ATTN: JULIETH CARRASCAL
5911 NW 173 DR., #8
MIAMI, FL 33015

SUBJECT: JAS LEGACY INVESTMENT, LLC
Ref. Number: L14000124957

We have received your document for JAS LEGACY INVESTMENT, LLC and check(s) totaling \$25.00. However, your check(s) and document are being returned for the following:

Amendments to articles of organization of a Florida limited liability company must comply with section 605.0202, Florida Statutes. For your convenience, we are enclosing the appropriate form and instructions.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 515A00018665

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
15 SEP 18 PM 1:35
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

JAS LEGACY INVESTMENT, 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 08/08/2014 and assigned Florida document number L14000124957.

This amendment is submitted to amend the following:

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

JAS LEGACY SERVICES, LLC

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:

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: _____

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 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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