L15000010493

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FILED
2022 AUG -1 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section**
        Division of Corporations

SUBJECT: J & M SERVICES OF PALM BEACH, 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:

JUAN C. SANABRIA
_____
                Name of Person

J & M SERVICES OF PALM BEACH, LLC
_____
                Firm/Company

1080 SUMMIT PL CIR # B
_____
                Address

WEST PALM BEACH, FLORIDA 33415
_____
                City/State and Zip Code

j.y.m.services@gmail.com
_____
        E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN C SANABRIA   561   729-2913
_____   at (_____) _____
        Name of Person   Area Code   Daytime Telephone Number

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   Certificate of Status &
                                                      (additional copy is enclosed)   Certified Copy
                                                                                  (additional copy is enclosed)

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

J & M SERVICES OF PALM BEACH , 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 01/16/2015 _____ and assigned

Florida document number L15000010493 _____ .

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 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:	JUAN CARLOS SANABRIA
New Registered Office Address:	1080 SUMMIT PL CIR # B
	Enter Florida street address

WEST PALM BEACH , **Florida** 33415
_____   _____
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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR =   Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA S SANABRIA	1080 SUMMIT PL CIR # B	☐ Add
		WEST PALM BEACH, FLORIDA 33415	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

PLEASE I NEED JUST TO CONFIRM THAT I WANT TO DO IS REMOVE

MGR MARIA S SANABRIA , JUST KEEP THIS LLC WITH ONLY

JUAN SANABRIA AS ONLY PERSON TO MANAGE THIS LLC, THANKS

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 27th   2022

_____
Signature of a member or authorized representative of a member

JUAN CARLOS SANABRIA
_____
Typed or printed name of signee