L15 0000 47602

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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COVER LETTER

	gistration'Sec ision of Corp				
SUBJECT:		Services LLC			
SUBJECT.		Name of Limi	ted Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return	n all correspo	ndence concerning this matter t	to the following:		
		Joseph Chimenti			
			Name of Person		
		JC Marketing & Accounting	g Services, Inc		
			Firm/Company		
		4630 S Kirkman Rd #806			
			Address		
		Orlando, Fl 32811			
			City/State and Zip Code	 -	
		endwwa@aol.com		ion) Ze 28	
		E-mail address: (t	o be used for future annual report notificati	ion) Lead III	17
For further i	information co	oncerning this matter, please ca	all:	₹ <u>0</u> 3	-
J Cjimenti			407 925-5954 at ()	e Energy on the second of the	
Enclosed is	Name of	f Person ne following amount:		lephone Number 2: 2: 3	O
\$25.00		S30.00 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

(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L15000047602	ny were filed on <u>03/16/2015</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the a	bbreviation "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 registered agent and/or the new registered office address h		the name of the new
		がた。 -
New Registered Office Address:	Enter Florida street address , Florida	To IT
	City , Florida	Zip <u>Co</u> de
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	r W

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>	Address	Type of Action
MGR	Chayla Archambault	6965 Plaza Grande Ave	Add
		Orlando, Fl 32835	Remove
			Change
			Add
			□ Remove
			Change
			SSEE COST
			☐ Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			☐ Change

Effective date, if other than the date of filing: 107/15/2016 (optional) 1 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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The 90th day after the record is filed.		1 , 1						<u> </u>				-
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Signature of a member or authorized representative of a member												
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Filing Fee: \$25.00