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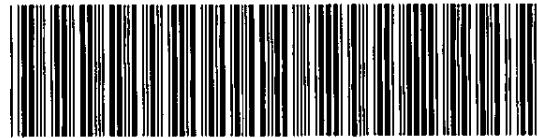
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N. CAUSSEAU

# FAX COVERSHEET

**AMSCOT**

The Money Superstore™

DATE: 6-30-15

TIME: \_\_\_\_\_

TO: nannette

FROM: Jennifer Rivera

ATTN: \_\_\_\_\_

ANSWER REQUIRED: ☒ YES ☐ NO

FAX NO: 850-245-6030

NO. OF PAGES SENT: \_\_\_\_\_

## MESSAGE

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Jun. 30. 2015 5:15PM

AMSCOT FINANCIAL

No. 9686 P. 2

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Je services 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:

Jennifer Rivera

\_\_\_\_\_  
Name of Person

Je Services of Fl, llc

\_\_\_\_\_  
Firm/Company

551 Hummingbird Ct

\_\_\_\_\_  
Address

Kissimmee Fl, 34759

\_\_\_\_\_  
City/State and Zip Code

je-services@outlook.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Rivera

407

534-0192

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 &  
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

Jun. 30. 2015 5:15PM

AMSCOT FINANCIALS OF AMENDMENT

No. 9686 P. 3

**TO  
ARTICLES OF ORGANIZATION  
OF**

Je services 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 may 06, 2015 and assigned  
Florida document number L15000080761

This amendment is submitted to amend the following:

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

Je services of FI, 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:

551 Hummingbird Ct

(Principal office address MUST BE A STREET ADDRESS)

kissimmee, FL 34759

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, Florida 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 an Jun. 30. 2015 at 5:16 PM on (s) AMSCOT FINANCIAL ge, enter the title, name, and address of No. 9686 rsoi P. 4 ng 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>
MGR	Jennifer Rivera	551 Hummingbird Ct Kissimmee, F	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Edgardo L Rosa	551 Hummingbird Ct Kissimmee, F	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**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: \_\_\_\_\_,

Signature of a member or authorized representative of a member

**Jennifer Rivera**

Typed or printed name of signee