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## ÇOVER LETTER 🚬

	Registration Sec Division of Corp		·	*
CHID IE	DULCE JES	SUS MIO LLC		
SUBJEC	-l;	Name of Lim	nited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		JORGE ORDINOLA		
			Name of Person	
		JAO SERVICES INC		
			Firm/Company	·····
		7802 KINGSPOINTE PK	WY #101	
			Address	
		ORLANDO, FL 32819		
		<del> </del>	City/State and Zip Code	
		JAOSERVICESINC@YAF		
		E-mail address: (	to be used for future annual report notif	ication)
For further	er information co	ncerning this matter, please ca	all:	
JORGE (	ORDINOLA		407 226-9333 at ( )	
-	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DULCE JESUS MIO, LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	<u>ears on our records.</u> ) y)
The Articles of Organization for this Limited less of Organization for the Organization for	Liability Company were filed on	02/18/2016 and assigned .
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	F 02
Principal office address MUST BE A STRE	ET ADDRESS)	TO SEP - I
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	SIAIR
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	Vor registered office address office address here:  LUZ STELLA HENAO	on our records, enter the name of the n
-	3019 ASHLAND LANE	
New Registered Office Address:		Florida street address
	KISSIMMEE	, Florida 34741
	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>	Address	Type of Action
MGR	JOSE RAMIREZ	409 FOUNTAINHEAD CIR #102	Add
		ORLANDO, FL 32809	■ Remove
			Change
MGR	LUZ STELLA HENAO	3019 ASHLAND LANE	Add
		KISSIMMEE, FL 34741	□ Remove
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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9  te: If the date inserted in this block does not meet the applicable statutory filing require cument's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.0207 ements, this date will not be listed as to
record specifies a delayed effective date, but not an effective time, at the 90th day after the record is filed.	t 12:01 a.m. on the earlier of
arin Laurin	
Signature of a member or authorized representative of a mem	nber
,	