L 16000/06581

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Sect Division of Corpo	orations		
SUBJECT:	M Janitei	«) Service of Ta	1/545, NECLC
	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Juan ta	Webs-ler	
		Name of Person	
	312	Kerry Forest	Pr
	T4/14	44550e A 3231)
		City/State and raip code	
	E-mail address:	0 @ 9 M5//. (v o be used for future annual report notificat	ion)
For further information co	ncerning this matter, please ca	all:	
Juga, f	Ressan	at (<u>850</u>) <u>8/5-5</u> Area Code Daytime Te	SS 2.
/same of	COM		,
Enclosed is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAM Dantorial Services of Tallahouse LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 6-3-16 The Articles of Organization for this Limited Liability Company were filed on
The Articles of Organization for this Limited Liability Company were filed on 10-65-19 and signific
Plorida document number 4 16 000 10 6 5 81.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: 312 Kerry Forrest Dt.
Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Tallahassee, FL 32310. Tallahassee, FL 32310. Tallahassee, FL 32310.
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: 312 Kerry Forrest Dr Enter Horida street address
Tallshessee Florida 32310 City Zup 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 = Au	ithorized Member		
<u>Title</u>	Name	Address	Type of Action
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		Tallalyusse, Fi 3:	23 Change
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ote:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited .	Signature of a member or authorized representative of a member
	Tugnite Webster Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00