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TALLAHASSEE, FLORIDA

COVER LETTER

	Registration Se Division of Cor					
428186 1124		k Removal LLC				
SUBJEC	٠١: <u></u> _	Name of Lin	nited Liability Company			
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
	Jose Amoa					
			Name of Person			
			Firm/Company			
		8019 nw 71st et				
		Tamarae, FL 33321	Address			
		jrjamoa@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report not	ification)		
For furth	er information c	oncerning this matter, please c	all:			
Jose Am	oa		910 391-7820			
	Name o	t Person	at () Area Code Daytin	ne Telephone Number		
Enclosed	is a check for the	ne 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)		
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	on		
		issee, FL 32314	2661 Executive Co	enter Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jamoa Junk Removal LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.16000148391}{}$.	wwere filed on 9 August 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Jamoa Enterprise LLC	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		SEC SEC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		RETARY OF STATE AHASSEE, FLORIDA
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	· <u>-</u> -	
	Enter Florida street address	
		rida
	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 or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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the record specifies a copy of the 90th day after t			out not an e	ffective time	e, at 12:01 a.r	n. on the ear	lier of:
Dated			·				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00