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Sugamous Jah 24 2017

COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT:	G Home S Name of Lim	ervices LLC ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
		Address	· · · · · · · · · · · · · · · · · · ·
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please c	all:	
Name o	f Person	at () Area Code Daytime	Telephone Number
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**

J.G. Home S.	ervices LLC
(Name of the Limited Liability Come	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 160 001 6 9.5</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Liab	ability 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7 JAN 20 PM 3: 20
B. If amending the registered agent and/or registered office address he registered agent and/or the new registered office address he	office address on our records, enter the name of the nevere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature if changing Registered Agen	

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 Title Name **Address Type of Action** duan Lose Gonzalez HER □ Add ☐ Remove AMBR Jabdiel Pino 260156 Musy MSt Pete XAdd ☐ Remove ☐ Change □ Add _□ Remove **⊐** _ Change □ Add : ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Add □ Remove

☐ Change

). II am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	17 JAN 20
(If an e <u>Note</u>	effective date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d knuary 12, 2017.
	Signature of a member or authorized representative of a member
	Juan Jose Con 29/2 Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00