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COVER LETTER

TO:	Registration So Division of Cor		we we	
C1:D1	V JECT:	&J SERVICE, LLC		
30 Bi	JEC 1:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	•
		VITO ANTONIO ROTOL	.0	
			Name of Person	
		V&J SERVICE, LLC		
			Firm/Company	
		1750 NW 107TH AVE. A	APT # 405	
			Address	
		MIAMI, FL 33172		
		vitorotolom@gmail.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		E-mail address: (to be used for future annual report notif	ication)
For fu	irther information c	oncerning this matter, please co	all:	;
VITO ANTONIO ROTOLO		DLO	305 4920313	
	Name o	f Person		e Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ Si	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

V&J SERVICE, 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 _____ and assigned Florida document number ____ L16000177566 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 "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) 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 ____, Florida ____

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	SAHIRA OVIEDO	3110 West 76 Street Hialeah, FL 33018	
			□ Remove
	•		☐ Change
			□ Add
			□ Remove
			Change
			□ Add
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	e date, if other than the date is listed, the date must be			(optional) 90 days after filing.) Pursuant	to 605.0207 (
	f the date inserted in this block nt's effective date on the Depart	c does not meet the applicab			
			an effective time, a	it 12:01 a.m. on the e	earlier of:
document the reco	ord specifies a delayed e 90th day after the recor				
document the reco					
document the reco	Oth day after the recor	d is filed.			

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Typed or printed name of signee

Filing Fee: \$25.00