116000185969

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JAN 25 2017 S. YOUNG 17 JAN 24 PH 3: 30

COVER LETTER

TO:	Registration Se Division of Cor					
CLID	FJ8 SERVI	CES, LLC				
SUBJ	ECT:	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	-			
		F	TRANCISCO OCHOA			
			Name of Person			
		,	FJ8 SERVICES LLC			
			Firm/Company			2*4 . K
		14066 O	SPREY LINKS ROAD APT 287			YEOS SECS
			Address		JAN 24	至至
		(ORLANDO, FL 32837			- 1250 - 1250 - 1250
) (A C.T.)	City/State and Zip Code		PH 3:	17 C
			ERACCTG@YAHOO.COM to be used for future annual report notifi	ication)	မ	Œ. Œ.
For fu	orther information c	oncerning this matter, please ca	all:			فبع
FRA	NCISCO OCHOA		786 8577420			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclo	sed is a check for th	ne 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 Statu Certified Copy (additional copy is encl		

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

	8 SERVICES LLC ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number £16000185969	Company were filed on 12/06/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		nyo mpaja.
(Principal office address MUST BE A STREET ADDR	RESS)	1 F6
		<u> </u>
		124 ASS
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5 70
		ω
B. If amending the registered agent and/or registered agent and/or the new registered office add		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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	DIOGENES R NUNEZ	12020 VILLANOVA DR APT 102	≅ Add
		ORLANDO, FL 32837	□ Remove
			□ Change
			□ Add
			□ Remove
			Change
			TALLAHA TALAHA
			Remove College
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ctive date, if other than the da effective date is listed, the date must be If the date inserted in this block innent's effective date on the Depar	specific and cannot be prior to date of filing or more does not meet the applicable statutory filing r	(optional) e than 90 days after filing.) Pursuant to 605.02 equirements, this date will not be listed a
ecord specifies a delayed e ne 90th day after the recor	ffective date, but not an effective tind is filed.	ne, at 12:01 a.m. on the earlier
d JANUARY 18	, 2017	
· Min	gnature of a member or authorized representative of	

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Filing Fee: \$25.00