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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

| Division of Corporations | | | • | <i>y.</i> |
|---|----------------------------------|--|---|---|
| SUBJECT: JCS Q | Uality St Name of Limited Lin | 2r Vices | | <u>. </u> |
| The enclosed Articles of Amendment and f Please return all correspondence concernin | | | | |
| | Tason T | OINE Name of Pers | CZVK | |
| <u></u> | 3 Quality | Firm/Compan | vices LL | <u>C</u> |
| 1601 | N Orc | Address | st | |
| Plan | 4 City | FL y/State and Z _I | 335103 Code | |
| <u> </u> | mail address: (to be u | 3130 Cyr ised for fitting | annual report notific | ation) |
| For further information concerning this ma | tter, please call; | | | |
| Amenda Grims | sky | _ at (S) of Area Cox | 3) 397- de Daytime 7 | HTCI Telephone Number |
| Enclosed is a check for the following amount | unt: | | | |
| \$25,00 Filing Fee | ng Fee & e of Status | \$55.00 Filin Certified C (additional co | | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 | | ik∙ D C:1 2€ | FREET/COURIE egistration Section ivision of Corporat lifton Building 661 Executive Cent allahassee, FL 3230 | tions ter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| JCS Quality | Services LLC |
|--|---|
| (<u>Name of the Limited Liability Company</u> (A Florida Limited Liab | s it now appears on our records.) lity Company) |
| The Articles of Organization for this Limited Liability Company we Florida document number \(\bigcup 1000000000000000000000000000000000000 | re filed on $O(109)2017$ and assigned |
| 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 of LC" at 1 C at 1 C at 1 |
| | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | |
| - | 8 ALE |
| | 18 MAR |
| Enter new mailing address, if applicable: | ASS. |
| Mailing address MAY BE A POST OFFICE BOX) | 79 |
| | Fils |
| 3. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | address on our records, enter the name of the new |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| New Registered Office Address. | Enter Florida street address |
| | Plantin |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |
| hereby accept the appointment as registered agent and agree to orovisions of all statutes relative to the proper and complete perfeccept the obligations of my position as registered agent as proveing filed to merely reflect a change in the registered office adaptompany has been notified in writing of this change. | formance of my duties, and I am familiar with and indeed for in Chapter 605, F.S. Or, if this document is |
| If Changing | Registered Agent, Signature of New Registered Agent |

Page 1 of 3

| or remove | d from our record | <u>s</u> : | manage, enter | the title, name, and address of ea | ich person being au |
|--------------------|----------------------------|---------------------------------------|-----------------------------|------------------------------------|---------------------|
| MGR = M $AMBR = M$ | Manager Authorized Memb | er | | | |
| <u>Title</u> | <u>Name</u> | | <u>Address</u> | | Type of Action |
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| f an effe | ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or more the | (optional) an 90 days after filing.) Pursuant to 605 | 5.020 |
| <u>Note:</u> docum | If the date inserted in this block does not meet the applicable statutory filing requent's effective date on the Department of State's records. | uirements, this date will not be list | ed as |
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| | cord specifies a delayed effective date, but not an effective time 90th day after the record is filed. | , at 12:01 a.m. on the earn | EI U |
| | Trans. 18 2018 | | |
| Dated , | January 18 . 2018. | | |
| | Signature of a member of authorized representative of a | member | |
| | | | |
| | Amencia Cirims letter Typed or printed name of signee | | |

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