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## **COVER LETTER**

TO: ∦	Registration Se Division of Cor				
CUBINA		ERVICES, LLC			:
SUBJEC	JI:	Name of Lim	ited Liability Company	7	<u> </u>
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		•
		Jiwen Charlie Chen			
		<del></del>	Name of Persor		t t
		JC GAS SERVICES, LLC			•
			Firm/Company		<del></del>
		1331 West North Blvd			l
		-	Address		
		Leesburg, Fl 34748			
			City/State and Zip (	Code	
		cheny37027@yahoo.com			
For furth	er information co	E-mail address: ( oncerning this matter, please ca		nual report notification)	
Jiwen C	harlie Chen		678 at (	488-7860	
	Name of	f Person	Area Code	Daytime Telepho	one Number
Enclosed	l is a check for th	ne following amount:			
\$25.6	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop	У	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ation Section on of Corporations ox 6327 assee, FL 32314	Reg Divi Clift 266	SEET/COURIER AD stration Section sion of Corporations on Building Executive Center Cir ahassee, FL 32301	1

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JU GAS SERVICES,LLC				
(Name of the Limited Liability Co (A Florida Lim	ompany as it now as it now as it it now as	opears on our recor my)	<u>ds.</u> )	
The Articles of Organization for this Limited Liability Comp	oany were filed or	February 13, 201	.7	and assigned
Florida document number L17000034307				
This amendment is submitted to amend the following:		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
A. If amending name, enter the new name of the limited	liability compan	y here:		
The new name must be distinguishable and contain the words "Limited	Liability Company,"	the designation "LLG	C" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES.	<u></u>	i		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
Muning undiess birth be it rost of the bony				• • •
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:		s on our record	s, enter	the name of the ne
New Registered Office Address:	Ente	r Florida street add e	ss	
		. )F	lorida	
	City	, ,		Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>gent:</u>	;		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performanc as provided for	e of my duties, a in Chapter 605,	nd I am f F.S. Or,	amiliar with and if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remove	d from our records:			
MGR =	Manager			
AMBR =	Authorized Member			

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Larisa Chen	7570 NE 176th Ave, Williston, FL	
			Remove
			Change
	<del></del>		
			Pemove
			□ Change
			🗖 Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
<del></del>			
			□ Remove
		HASSET O	Chiange
		E. FLORIDA	ن التاريخ
			Remove

· · · · · · · · · · · · · · · · · · ·	enter change(s) here: (Attach additional s	
		,
		,
-M. M		
lote: If the date inserted in this block document's effective date on the Departi	pecific and cannot be prior to date of filing or more that oes not meet the applicable statutory filing required.	airements, this date will not be listed a
The 90th day after the record i	s filed.	
February 21	2017	
J	ature of a member or authorized representative of a n	2/21/201
•	autorized representative of a n	
Jiwen Charlie Chen	Typed or printed name of signee	33.74 33.74 33.74 33.74 33.74 34.74 34.74 34.74 34.74
	· · ·	
	Page 3 of 3	STA ATS
	Filing Fee: \$25.00	28 28