L17000030285

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COVER LETTER

TO:

Registration Section

Division of Co	rporations		•	
JBS2017 S	Multiservices LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Bertrand Cadet			
		Name of Person		
		Firm/Company		
1057 Center Stone Lane				
		Address		
	Riviera Beach, FL 33404			
		City'State and Zip Code		
	JCS_032@yahoo.com	to be used for future annual report n	otification)	
For further information	concerning this matter, please c			
Bertrand Cadet	·	561 6329046		
Name	of Person	761 6329046 at ()	ime Telephone Number	
Enclosed is a check for t	the following amount:			
S25 00 Filing Fee	T. \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	El \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration S		
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 63. Tallahassee.		The Centre of 2415 N. Mon	f Tallahassee roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JBS2017 Multiservices LLC

2024 APR 15 AM 9:09 (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 <u>L17000036285</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
BC Multi-Services LEC			
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)			
	II I I I I I I I I I I I I I I I I I I		
B. If amending the registered agent and/or registered office a agent <u>and/or the new registered office address here</u> :	address on our records, <u>enter ti</u>	ne name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Addiess.	Enter Florida street address		
	Flor	ida	
	Спу	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. Thereby 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Remove
			IChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			\ \ \ \ \
			□Remove
			□Remove
			L.Change
			□Add
			□Remove
			5 14.

. . . .

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(If an el <u>Note:</u>	tive date, if other than the date of filing:
	cord 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.
Dated	04/03/ 2024
	X J Mall
	Signature of a member of authorized representative of a member Bertraud Cade (Typed or printed name of signee)

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Filing Fee: \$25.00