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## COVER LETTER

TO:	Registration Section Division of Corporations	
CIIDII	 JC PROFESSIONAL N	INITENANCE FULL SERVICES L.L.C.
SUBJ	ECT:	Name of Limited Liability Company
The en	closed Articles of Amendment	and fee(s) are submitted for filing.
Please	return all correspondence cond	perning this matter to the following:
	Beatriz (	Jorria
		Name of Person
	Beatriz (	Firm/Company
	14407 S	W 158PATH
		Address
	MIAMI	71,33196
	jcprofessi	Cny/State and Zip Code onalmfs@gmail.com
		E-mail address: (to be used for future annual report notification)
For fur	ther information concerning th	is matter, please call:
Beatriz	. Castillo Aguirre	305 338-7441 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclose	ed is a check for the following	amount:
X1.52:		Filing Fee & \$\Begin{array}{ll} \$55,00 \text{ Filing Fee & } & \$\Begin{array}{ll} \$60,00 \text{ Filing Fee}, \\ Certificate of Status & \\ (additional copy is enclosed) & \text{Certified Copy} \\ (additional copy is enclosed) & \text{Certified Copy} \\ (additional copy is enclosed)
	Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC PROFESSIONAL MAINTENANCE FULL SERVICES L.L.C. (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  $\frac{06.16(2022)}{100}$ and assigned Florida document number [1,170xxx) 8071 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JC PROFESSIONAL MAINTENANCE FULL SERVICES L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 14407 SW 158 PATH (Principal office address MUST BE A STREET ADDRESS) MIAMEEL 33196 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: Beatriz Castillo Aguirre Name of New Registered Agent: 14407 SW 158 PATH New Registered Office Address: Enter Florida street address Florida 331945 MIAMI City

New Registered Agent's Signature, il 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, na	ame, and addr	ess of each perso	on being added
or removed from our records:					

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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