

L17 000048071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

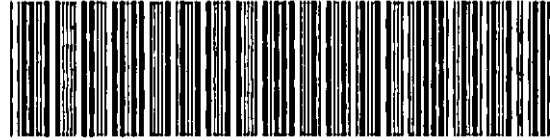
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FILED
2022 OCT 31 AM 8:04
TALLAHASSEE, FL 32310

Registration Section
Division of Corporations

JC PROFESSIONAL MAINTENANCE FULL SERVICES L.L.C.

ECT: _____
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beatriz Corria

Name of Person

Firm/Company

14407 SW 158 PATH

Address

MIAMI FL 33196

City/State and Zip Code

jcprofessionalmfs@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Castillo Aguirre

305

3387-4411

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
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**

IC 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)

Articles of Organization for this Limited Liability Company were filed on October 26 2022 and assigned
document number 1.17000048071.

amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

IC PROFESSIONAL MAINTENANCE FULL SERVICES L.L.C.

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

14407 SW 158 PATH

MIAMI FL 33196

If new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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:

Name of New Registered Agent:

Beatriz Castillo Aguirre

New Registered Office Address:

14407 SW 158 PATH

Enter Florida street address

MIAMI

Florida


City

33196

Zip Code

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

[illegible]

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE MY NAME BECAUSE I BECAME A CITIZENSHIP.

ALL INFORMATION ITS A SAME.


Effective date, if other than the date of filing: 10 26 2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Dated October 26th 2022


Signature of a member or authorized representative of a member

Beatriz Castillo Aguirre


Typed or printed name of signee