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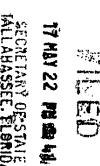
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: JOVI MULTI SETVICE LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joyiane Gilot Name of Person
Joyi Mulli Service, LLC Firm/Company
2200 Lare Ida Rd, suite 1E
Deray Beach FL 33445 City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Francko Person at (56) 306 3741 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$25.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$25.00 Filing Fee Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Toxi Multi Servi	ice 11c	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>CP 575B</u> .	nny were filed on <u>03/24/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Community of the designation "I I C" as the	obbreviation "LLC"
The new name must be distinguishable and contain the words. Limited Lia	ability Company, the designation LLC of the	aboreviation E.E.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)		17 MAY 22 SECRETARY
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>ente</u> ere:	or the parts of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	City	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, 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

MGR = Ma		
AMBR = Au <u>Title</u>	thorized Member  Name	Address Type of Action
AMBR	Odener Dodin	Address 1443 SW 27th Ave. A Boynton Beach FL 33476 WAdd
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Filing Fee: \$25.00