L17000082175

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Oity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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S. WARREN FEB 0 6 2018

COVER LETTER

Division of Corp	oorations		
SUBJECT:	TJNW SERVIC	CES LLC	
30bac 1		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	TERRANCE WILLIAMS		
	_	Name of Person	
	TJNW SERVICES LLC		
		Firm/Company	
	20612 nw 22ND CT		
		Address	· ·
	MIAMI GARDENS, FL 33	3056	
		City/State and Zip Code	
	terrancewilliams1966@gma		
	E-mail address: (t	to be used for future annual report notiti-	cation)
For further information co	ncerning this matter, please ea	all:	
TERRANCE WILLIAMS		786 384-1981	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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:

TO:

Registration Section

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

		
(Name of the Limited Liability Compa (A Florida Limited	<u>iny as it now appears on oi</u> Liability Company)	<u>r records.</u>)
e Articles of Organization for this Limited Liability Company orida document number $\frac{L17000082175}{L17000082175}$.	were filed on APRIL 1	2, 2017 and assigned
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	oility company here:	
EANING BEE SERVICES LLC		
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
iter new principal offices address, if applicable:	20610 NW 22ND CT	
rincipal office address MUST BE A STREET ADDRESS)	MIAMI GARDENS, F	L
	33056	
failing address MAY BE A POST OFFICE BOX)	ffice address on our	records, enter the name of th
gistered agent and/or the new registered office address her		
If amending the registered agent and/or registered ogistered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		et address
vistered agent and/or the new registered office address her Name of New Registered Agent:	Enter Florida stre	
Name of New Registered Agent:	Enter Florida stre	ret address , Florida Zip Code

If Changing Registered Agent, Signature of New Roseltward Agent
Page 1 of 3

company has been notified in writing of this change.

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

MGR = A $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	-		Add
			□ Remove
			☐ Change
			□ Remove
			□ Change
			□ Add
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			□ Change
			□ Add
			□ Remove
		<u> </u>	☐ Change
			□ Remove
			S Charles
			SSE FINAL S

If amending any	; other information,	enter change(s) here	e: (Attach additional sh	neets, if necessary.)	
					
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Note: If the date document's effect ne record spec	inserted in this block de ive date on the Departn	oes not meet the applied nent of State's records. ective date, but not	to date of filing or more than able statutory filing requi	rements, this date w	Il not be listed as
JANUAR'	Y 22	2018	·		
<u></u>	Mance ,	BW Mean ture of a member or autho	rized representative of a me	ember ;— (21 3
TERR	ANCE B. WILLIAMS			AHAS	EB
-	·	Typed or printe	d name of signee	i. Se	
				_	
		Page	3 of 3	FLORIC	STATE STATE