

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002896513)))



H170002896513ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC

Account Number : I20070000033
Phone : (305)649-7040

Fax Number : (305)643-3237

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Oroica Fabel @ amail. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JC & INTERIORS SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

D SCOT

MUN & SOLL

17 ROY -3 PH 1:

Electronic Filing Menu

Corporate Filing Menu

Help

Tallahassee, FL 32314

COVER LETTER

TO: Registration Se Division of Co			
	ERIOR SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	1
Please return all correspond	ondence concerning this matter	to the following:	
	ANA ISABEL ARA	CA	
		Name of Person	
	PERES ARCHE AN ACC	OUNTING TAX SERVICES INC	
		Firm/Company	
	4011 W. FLAGLER ST S	TE 501	
		Address	
	CORAL GABLES, FL 33	134ARAICAI	
	ARAICAIE ARRI @CNAAI	City/State and Zip Code	2611 HON
	ARAICAISABEL@GMAI	to be used for future annual report notification)	— SS 1
For further information c	oncerning this matter, please of		
ANA ISABEL ARAICA		305 649-7040	1 1 1 1
Name o	f Person	Area Code Daytime Telephone N	
Enclosed is a check for th	ne following amount:		,
\$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	.00 Filing Fee. rtificate of Status & rtified Copy ditional copy is enclosed)
Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building	SS: ,

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JC & INTERIOR SERVICES LLC	ľ		1
(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 05/09/2017		and assign	ied
Florida document number £17000102148			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:	, , , , , , , , , , , , , , , , , , ,		
JC & J INTERIOR LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of	r the aborevia	tion "L.L.C	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
	\$	123	Ţ
		=	1
B. If amending the registered agent and/or registered office address on our records, e	enter the	jame of	theanen
registered agent and/or the new registered office address here:)>: ()	1	-
	ria i	· W	M
Name of New Registered Agent:		<u> > _</u>	
New Registered Office Address:	<u>'-</u> '	==	
Enter Florida street address		15	
, Floric	đa		1
Cirv		Code	$\overline{}$
New Registered Agent's Signature, if changing Registered Agent:	į	1	
I hereby accept the appointment as registered agent and agree to act in this capacity. I furthe provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Chapter 605, F.S being filed to merely reflect a change in the registered office address, I hereby confirm that the company has been notified in writing of this change.	l am famili L. Or. if this	ar with a	nd

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	Authorized Person(s) authorized to n from our records:	nanage, <u>enter the title, name</u>	and address of each person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		-	Change
			DAdd
			□ Remove
			□ Remove
			Change Add "T
			Change Change
			Remove
			Change
			D Add
			□ Remove
			☐ Change

THANK YOU				
				1
		· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
			•	Ī
				-
· ·				
				-! -
			· 	<u>!</u>
				Ì
			<u>÷</u>	1
				-
	_ 			<u> </u>
·				'
				-
				
		· · · · · · · · · · · · · · · · · · ·		}
				1
			<u> </u>	12
	<u> </u>			32
			됞.	
ive date, if other than the difective date is listed, the date must be lift the date inserted in this bloom.	e specific and cannot be prior to	a date of filing or man than	(optionoi):	1.
If the date inserted in this bloc ent's effective date on the Dep	a uucs nocheet the nabhra	ble statutory filing requir	ements, this date wi	nsum to ou
ione s encoure date on the Dep	u thient of State's records.		·	>
tord specifies a delayed o	offective data but			=
ord specifies a delayed e 90th day after the recor	d is filed.	an effective time, a	it 12:01 a.mijon	the earli
			3 *	4
NOV,02	2016	. / / /	1	1
		Mady dal		1
S	ignature of a member or autho-	rized epicsentative of a me	hiber -	
		MAYA		

Page 3 of 3

Filing Fee: \$25.00