

L17000110275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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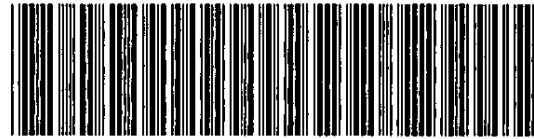
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

JUN 05 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JY INTEGRAL SERVICES 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:

Y Homer Glis Y Hessemia Garcia Guirigay
Name of Person

15301 NW 1st street
Firm/Company
Address

Pembroke Pines Florida 33028
City/State and Zip Code

Yhosme@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yhomeaglis YHessemia Garcia Guirigay at 954 854 00 48
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JY Integral SERVICES LLC

(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 05/22/2017 and assigned Florida document number L17 000110275.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.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)

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TALLAHASSEE, FLORIDA

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:

Name of New Registered Agent:

YHomerGLis YHessenia Garcia Guirigay

New Registered Office Address:

15301 NW 1st street

Enter Florida street address

Pembroke Pines

City

Florida

33028

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.

YHomerGLis YHessenia Garcia Guirigay
If Changing Registered Agent, Signature of New Registered Agent

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GARCIA Guirigay, Y Homer	GLIS Yhessenia	<input type="checkbox"/> Add
		15301 NW 1st street	<input type="checkbox"/> Remove
		Pembroke Pines, Florida 33028	<input checked="" type="checkbox"/> Change
MGR	CHACON Labrador, Jesus David	15301 NW 1st street	<input type="checkbox"/> Add
		Pembroke Pines, Florida 33028	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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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.

Dated Tuesday May 30th 2017

Signature of a member or authorized representative of a member

Y HOMERGLIS Y HESSENIA GARCIA GUIRIGA
Typed or printed name of signee

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TALLAHASSEE, FLORIDA