4/14/22, 10:42 AM

Division of Corporations

Florida Department of State Division of Compositions

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AB ALL SERVICES INC

Account Number : I20200000155 : (305)882-1238 Phone Fax Number (305)882-1260

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

Email 1	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JJ INVESTMENTZ LLC

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COVER LETTER

TO:	Registration Se Division of Cor		, •	•
SUBJEC		MENTZ LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		SANDRA LUZ SOTO		
		<u></u>	Name of Person	
		IJ INVESTMENTZ LLĊ		
			Firm/Company	
		1130 WEST 54 STREET		
			Address	
		HIALEAH, FL 33012		
			City/State and Zip Code	
		LILCUTTYGIRL0824@A		
E 61		U-mon address: 6	to be used for future annual report no	ottrication)
		oncerning this matter, prease c		
SANDR	RA LUZ SOTO		786 4260457 st ()	·
	Name o	f Person	Area Code Duyt	ime Telephone Number
Bnclose	d is a check for t	ne following amount:		
□ \$2 5	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration		Street Address: Registration S	Section
	Division of C	Corporations	Division of C	orporations
	P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Mon	: Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JJ INVESTMENTZ LLC		
(Name of the Limited Li (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L17000158851	ty Company were filed on 07/25/2017	_ and assigned
This amendment is submitted to amend the following	g:	
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 abbre	eviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office uddress MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address her	tered office address on our records, <u>enter the name ore</u> :	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		22
New Registered Office Address.	Enter Florido street address Florida	2082 APR
	City	Zip Code =
New Registered Agent's Signature, if changing Regis	tered Agent:	PD ED
provisions of all statutes relative to the proper an accept the obligations of my position as registere	ent and agree to act in this capacity. I further agree and complete performance of my duties, and I am faited agent as provided for in Chapter 605, F.S. Or, if stered office address. I hereby confirm that the limitinge.	ailiar with and this do es ment is

20004/005

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>	Address	Type of Action
MGR	SANDRA LUZ SOTO	1130 WEST 54 STREET	
		HIALEAH, FL 33012	≣Removo
			□Change
			DAdd
			□Remove
			☐ Change
			□Add
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te: If the date inserted	in this block does no	it meet the applica	ble statutory filing	requirements, this d	ate will not be listed a
cument's effective date	on the Department o	if State's records.			
cord specifies a delaye	d effective date, but i	not an effective tir	ne at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
s filed.	a cricotive date, but i	tot all effective th	110, 00 12.01 0.00	ane carrier arr (=)	,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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