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S. WARREN AUG 3 1 2017

## **COVER LETTER**

TO:	Registration Se Division of Cor			
		JS Holdi	ng GRPS "L.L.C"	
SUBJI	ECT:	Name of Limi	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Name of Person	
		AS	J Limited Liability Company	
			Firm/Company	
			P.O. Box 34	
			Address	
			Lehigh Acres FL 33970	
			City/State and Zip Code	
			Jsholding3@gmail.com to be used for future annual report ne	otification)
For fur	rther information c	oncerning this matter, please ca		
	Name o	f Person	at ()	ime Telephone Number
Enclos	sed is a check for the	ne following amount:		
□ <b>\$</b> 2	5.00 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 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

	J'S holding GRPS "L.L.C."		
(Name of the Limited L (A F	isbility Company as it now appears lorida Limited Liability Company)	on our records.)	
he Articles of Organization for this Limited Liabil lorida document number	ity Company were filed on	July 27,2017	and assigned
nis amendment is submitted to amend the following	ıg:		
. If amending name, enter the new name of the	limited liability company her	<u>re</u> :	
ne new name must be distinguishable and contain the words		signation "LLC" or the al	obreviation "L.L.C."
* *			
Principal office address MUST BE A STREET A	DDRESS)		=======================================
			$\omega = \omega$
nter new mailing address, if applicable:			
			<del></del>
Mailing address MAY BE A POST OFFICE BOX	<u> </u>		==
			型 2
			<u>→</u>
If amending the registered agent and/or in egistered agent and/or the new registered office	address here:		
Name of New Registered Agent:	J Home S	ervices "L	L.C."
New Registered Office Address:		138 Stifet la street address	-
	north Miar	^^` Florida	331V)! Zip Code
	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

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
AMBR	J&E HOME SERVICES LLC	1124 Navajo Ave, Lehigh acres, Fl 33936	
		Remove	₽Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Remove
			Change
			☐ Remove
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			Add
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			Remove  AUG  Change
<del></del>			AH DAdd  ORD PRemove
			□ Remove □ Change

I amending	g any other information, e	enter change(s) here:	(Allach adailional	sneets, ij nece	essary.)	
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Footive de	te, if other than the date o	nf filing.		(onti-	.mal)	
an effective d ote: If the	late is listed, the date must be spe date inserted in this block does Effective date on the Department	ecific and cannot be prior to es not meet the applicat	date of filing or more t		filing.) Pursuant	
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	specifies a delayed effect day after the record is		an eff <del>e</del> ctive time	e, at 12:01 a	i.m. on the	earlier o
ited	August 23	2017			17 T	
		, , , , , , , , , , , , , , , , , , , ,	<b>-</b>		AUG 30	- <del></del> -;
	Signati	ure of a member or authori	zed representative of a	member		<u> </u>
	Ç				AH 9:	$\Box$
		Jo	c		, <b>_</b> _	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00