117000169075

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COVER LETTER

TO:		stration Sec Ion of Corp			
enn m			TIONS LLC		
SUBJE	CI; _			ited Liability Company	
The enc	losed .	Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn a	il correspon	dence concerning this matter	to the following:	
			PATRICIA MEDINA		
			AMERICAN ACCOUNTI	Name of Person NG SOLUTIONS, LLC	
			3618 West Flagler Stree	Firm/Company t #5	
			Miami, Florida 33135	Address	
			ameraccount@hotmail.co	City/State and Zip Code	·
			E-mail address: ()	to be used for future annual report notifi	cation)
For furth	her inf	ormation co	ncerning this matter, please ca	ill:	
HENRY	/ MEC	INA		305 505 9070	
		Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a c	theck for the	following amount:		
≘ \$25.	.00 Fil	ing 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

JAN SOLUTIONS LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Ciability Company)		
The Articles of Organization for this Limited Liability Company	were filed on August 08, 2017	and assig	ned
Florida document number L17000169075			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.	C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		≂	۸ ۱۵
			DI VISION D
			27
		.>	27.
nter new mailing address, if applicable:		00	용택
		7	35
Mailing address MAY BE A POST OFFICE BOX)		<u></u>	-
	<u></u>		<u> 골전</u>
		7	3,8€
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here 	——————————————————————————————————————	the name of	the n
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name MACONY ANTONIO	Address 7770 S.W. 90th Street, Apt. J3	Type of Action
MGR 	MATAMOROS	Miami, Florida 33156	
			☐ Remove
		 	☐ Change
			
			□ Remove
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		T	
			☐ Remove
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record specifies a delayed effective date, but notice of the specifies of	cable statutory fi s.	r more than 90 days atte ling requirements, th	is date will not be fisted
August, 16th 2018	·		
Signature of a member or auth		,	

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Filing Fee: \$25.00