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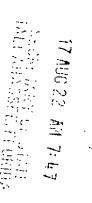
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJ	ест: <u>J. A. Sp</u>	Services Name of Limi	, LLC ited Liability Company	
The er	nclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please	return all corresponde	nce concerning this matter	to the following:	
		Joshua	Abeuta Name of Person	
			Firm/Company	
		25739 E	xmor Drive	
		Sorrent	City/State and Zip Code	
	-	E-mail address: (0	to be used for future annual reportmoti	ail. (on
For fu	rther information conc	erning this matter, please ca	all:	
<u></u>	Shua abe Name of Pe	Yta rson	at (40) 92 Area Code Daytim	15 35 68 e Telephone Number
Enclos	sed is a check for the fo	ollowing amount:		
X \$2	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

Name of the Limite	A Florida Limited Liabili	it now appears on our	records.)		
The Articles of Organization for this Limited Lia		: filed on <u>8 1 </u>	2017	and assigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability	company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability Co	ompany," the designation	on "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applica	able:				
(Principal office address MUST BE A STREE)	T ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)				
B. If amending the registered agent and/or the new registered off		address on our i	records, <u>enter</u>	the name of the n	<u>ew</u>
Name of New Registered Agent:	Jashua	Abeyta		## P	
New Registered Office Address:	25739 &	moor DYIU Enter Florida stree	u address :		
	_Sorren-	City	Florida	30 TV Vip Citle	

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-

	from our records:	minge, <u>einer sie vier, imile, alle aum en vi eac</u>	is person being audeu	
MGR = M AMBR = A	Manager Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	Joshua Abeyta	25739 Exmoor Drive	Add Add	
	·	25739 Exmoor Drive Sorrento, FL 32776	☐ Remove	
			Change	
			Add	
			Remove	
			Change	
			☐ Remove	
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or mor lote: If the date inserted in this block does not meet the applicable statutory filing to	
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective tin The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier
ared August 14th. 2017.	
1/~//	
Signature of a member or authorized representative of	f-a-member
Jushua Aberta	
Typed or printed name of signec	

Page 3 of 3

Filing Fee: \$25.00