## 17000 1750s

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Considerations to Files Office.         |
| Special Instructions to Filing Officer: |
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S. WARREN AUG 3 1 2017

## **COVER LETTER**

| Division of Corp            | orations  |   |  |
|-----------------------------|---|---|--|
|                             | RVICES L.L.C."                                  |   |  |
| SUBJECT:                    | Name of Limit                                   | ted Liability Company   |  |
| The enclosed Articles of A  | mendment and fee(s) are subt                    | mitted for filing.  |  |
| Please return all correspon | dence concerning this matter t                  | o the following:  |  |
|                             |   | Name of Person  |  |
|                             | AS  | Himited 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 notified.  | tication)  |
| For further information co  | ncerning this matter, please ca                 |   |  |
| Name of                     | Person  | at ()<br>Area Code Daytim   | e Telephone Number   |
|                             |   |   |  |
| Enclosed is a check for the | -   |   | El 640 00 Villag Von   |
| □ \$25.00 Filing Fee        | ☐ \$30.00 Filing Fee &<br>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

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 HOME SERVICES L.LC."   |   |
|--|---|
| (Name of the Limited Liabi)<br>(A Florid   | lity Company as it now appears on our records.) da Limited Liability Company) |
| The Articles of Organization for this Limited Liability (Florida document number 1.17000175089   | Company were filed on August 16, 2017 and assigned                            |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the lin   | nited liability company here:   |
| he new name must be distinguishable and contain the words "Lin                                   | mited 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 ADD  | RESS)   |
| Enter new mailing address, if applicable:  | P.O. Box 34   |
| Mailing address MAY BE A POST OFFICE BOX)  | Lehigh Acres , Fl. 33970  |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | istered office address on our records, enter the name of the noderess here:   |
| Name of New Registered Agent:  | J'S Holding GRPS "L.L.C."   |
| New Registered Office Address:   | 950 NE 138th Street Enter Florida street address                              |
|  | North Migmi Florida 33161 City Zip Code                                       |
| New Registered Agent's Signature, if changing Registere  | ed 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> | <u>Name</u> | Address | Type of Action                    |
|--------------|-------------|---------|-----------------------------------|
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| an effective of the | ate, if other than the date date is listed, the date must be side date inserted in this block of effective date on the Depart | specific and cannot be does not meet the a | pplicable statutory | or more than 90 days al<br>filing requirements, t | fter filing.) Pursuant to | 605.02<br>listed a |
|                     | specifies a delayed eff<br>n day after the record   |  | it not an effect    | ive time, at 12:03                                | 1 a.m. on the ea          | rlier              |
| ated                | August 23   | 20   | 017                 |   |                           |                    |
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|                     | م ا   |  | authorized represen |   | 100                       |                    |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00