

L17 000 234839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

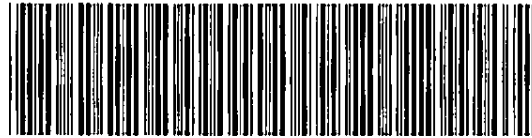
(Business Entity Name)

(Document Number)

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20 JAN 21 AM 11:32

STATE
FALL ARIZONA

TS
FEB 17 2020

COVER LETTER

TO: Registration Section
Division of Corporations

J.C. Services LLC
SUBJECT: _____

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Toni-Ann Martorano

Name of Person

J.C. Services LLC

Firm/Company

651 NW Enterprise Dr #107

Address

Port St Lucie, FL 34986

City/State and Zip Code

JCC.toniann@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Toni-Ann Martorano

631 974-7512

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JC Services LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/25/2018 and assigned
Florida document number L17000234839.

This amendment is submitted to amend the following:

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

651 NW Enterprise Drive

Suite 107

Port St Lucie, FL 34986

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Toni-Ann Martorano

New Registered Office Address:

651 NW Enterprise Drive Suite 107

Enter Florida street address

Port St Lucie

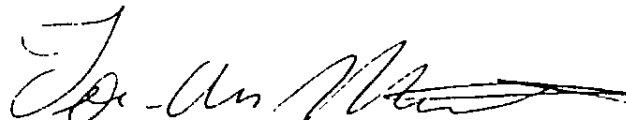
Florida 34986

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Hugo Calderon	3918 Kabone St	<input type="checkbox"/> Add
		Port St Lucie, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Toni-Ann Matorano	1698 SW Pancoast St	<input checked="" type="checkbox"/> Add
		Port St Lucie, FL 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Claudia Cossetti	1698 SW Pancoast St	<input checked="" type="checkbox"/> Add
		Port St Lucie, FL 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


FILED
20 MAY 27 AM 11:32
CLERK OF DISTRICT COURT
PORT ST LUCIE, FLORIDA

20 JAN 21 AM 11:32
SCHOOL OF THE
FALL CHURCH, FLORIDA

FILED
20 JAN 21 AM 11:32
FBI - NEW YORK

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00