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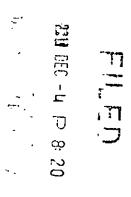
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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D. SCOTT DEC 1 0 2018

## **COVER LETTER**

TO: Registration S Division of Co					
JCR SER	VICES & REPAIR L.L.C.				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filling.			
Please return all corresp	nondence concerning this matter	to the following:			
		JUAN C ABREU			
	JCR SE	Name of Person RVICES & REPAIR L.L.C.			
	Firm/Company		· · · · · · · · · · · · · · · · · · ·		- <b>T</b>
	1005 W 7	7TH ST # 307		DEC -	; TT:
		Address		T T)	<b>!!</b>
	HIALEAH, FI			တ္	ン
	ABREÚ 1125@GMAIL.CO	City/State and Zip Code	<u>.</u>	20	
	E-mail address: (	to be used for future annual report notif	ication)		
For further information	concerning this matter, please co	ıll:			
JUAN C ABREU		954 549-8110			
Name	of Person	at ()Daytune Area Code Daytune	: 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)	S60.00 Filin Certificate Certified Co radditional co	of Status & opy	
Regis Divis	LING ADDRESS: stration Section ion of Corporations Box 6327	STREET/COURI Registration Section Division of Corpora Clifton Building	n		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nited Liability Company as it now ap (A Florida Limited Liability Company)	pears on our records.) ny)
	and assigned
of the limited liability company	<u>y here</u> :
words "Limited Liability Company," t	the designation "L.L.C" or the abbreviation "L.L.C."
icable:	<u></u>
ET ADDRESS)	
	= :17
	· · · · · · · · · · · · · · · · · · ·
office address here:	on our records, <u>enter the name of t</u>
KITA M KODKIOUEZ	
25 NW 57TH AVE SUITE )	
Enter	Florida sweet address
	Florida 33126 Zip Code
	illowing:  of the limited liability company words "Limited Liability Company," ( icable:  ET ADDRESS)  d/or registered office address office address here:  RITA M RODRIGUEZ  28 NW 57TH AVE SUITE (

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
MGR	MARIO DUANY		D Add
		8635 SW 15T ST PEMBROKE PINES FL 33025	
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		08/01/20		
ective date, if othe	er than the date of f	08/01/20 filing:	(op)	tional)
reffective date is listed	f, the date must be specifi	filing:	(op) filing or more than 90 days aft	er filling.) Pursuant to 605.020
reffective date is listed <u>te:</u> If the date insert	f, the date must be specifi	filing: ic and cannot be prior to date of not meet the applicable stat	(op) filing or more than 90 days aft	er filling.) Pursuant to 605.020
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Filing Fee: \$25.00