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COVER LETTER

TO: Registration Division of	n Section Corporations	•	
SUBJECT:	Jarro Home Name of	Maintenance Servi Limited Liability Company	ce, LLC
The enclosed Articles	s of Amendment and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Region	Name of Person	
	Jerus	Firm/Company	nce Serna, LC
	<u> </u>	O Box 24 Address	
	Fou	City/State and Zip Code Showe maintenance (ss: (to be used for future annual report notifi	8
	T:-mail addre	ss: (to be used for future annual report notif	e cma,/, com
For further information	on concerning this matter, pleas	se call:	
Regir	ne of Person	at (\$50) 348 Area Code Daytimo	-1192
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fee	e □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, 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**

Jerus Home Mainte	nance. Service, UC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed onand assigned
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) les of Organization for this Limited Liability Company were filed on
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
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, 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
AMBQ	Jeffery P. Bakanovic	18120 Doriece Dr	X hdd
		Fountain FL 32.438	🗆 Remove
			☐ Change
			🗆 Add
			Remove
			Change
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Effective date, if other than the date of filing: 12 - 4 - 15 fan effective date is listed, the date must be specific and cannot be prior to date of filing or maken. If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not an effective to The 90th day after the record is filed.	time, at 12:01 a.m. on the earlie	er c
Dated December 4. 2018.		
Signature of a member or authorized representative		
Koe WI		

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Filing Fee: \$25.00