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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	JJN	11012 SERVICES LLC		
	,	Name of Lim	ited Liability Company	
The enclosed A	rticles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all	l correspo	ndence concerning this matter	to the following:	
		JEHIRO PISATI		
			Name of Person	
		JJM1012 SERVICES LLC		
			Firm/Company	
		7865 NW 104 AVE 24		
		<del></del>	Address	
		DORAL, FL 33178		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		catellez1@hotmail.com	to be and the Colored and the colored and	
			to be used for future annual report no	otification)
For further info	rmation co	oncerning this matter, please ca	all:	
CESAR TELLE	E <b>Z</b>		786 3267226 at ()	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a ch	neck for th	e following amount:		
■ \$25.00 Filin	ng 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

JJM1012 SERVICES LLC	•	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company vi	were filed on 02-28-2018	and assigned
This amendment is submitted to amend the following:	_	
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 off registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	LAND TO
	. Florid	R 12
<del></del> .	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		SRID SE

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 removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JEHIRO PIZATI	7865 NW 104 Ave Apt 24 Doral, I	
			Remove
			Change
MGR	JEHIRO PISATI	7865 NW 104 Ave Apt 24 Doral, F	Add
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			Change
			Add
	·		Remove
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effective date te: If the date	te inserted in this block	e of filing: 02/28/2018 specific and cannot be prior to does not meet the applicable them to f State's records.	date of filing or me le statutory filing	(option (optio	filing.) Pursu	ant to 605 of be liste	i.020 ed a:
	ecifies a delayed ef ay after the record	fective date, but not is filed.	an effective ti	me, at 12:01 a	a.m. on th	e earlie	er o
ed	03/07	, 2018					
		Telijko nature of a member or authori	PILA	7,			
				-C1			

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Filing Fee: \$25.00