## L18000059593

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## **COVER LETTER**

	Registration Sec Division of Corp			
our inco		ERVICE MIAMI LLC	. F	•
SUBJEC	l:	Name of Limi	ted Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspon	ndence concerning this matter	to the following:	
		SONIA M PULEO	)	
			Name of Person	<del>-</del>
		5101 SERVICE MI.	AMI LLC	
			Firm/Company	
		11632 NW 69TH T	TERRACE	
			Address	
		DORAL, FL 33178		
		<del> </del>	City/State and Zip Code	<del></del>
		SONIAPULEO @G		
		E-mail address: (	to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please ca	all:	
SONI	IA M PULEO		at (	
	Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>\$25</b> .	00 Filing Fee	S30.00 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 Addres Registration	<del></del>	Street Address: Registration S	ection
	Division of C		Division of Co	orporations
	P.O. Box 632		The Centre of	
	Tallahassee,	rl 32314	2410 N. MONE	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	01 SERVICE MIAMI LLC	·	· · · · · · · · · · · · · · · · · · ·
(Name of the Limite	d Liability Company as it now A Florida Limited Liability Com	appears on our records.) pany)	)
The Articles of Organization for this Limited Lia Torida document number	ability Company were filed	on03/01/2018	and assigned
his amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability comp	any here:	
JP CARSON LLC			
he new name must be distinguishable and contain the we	ords "Limited Liability Company	." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		PLICABLE	
Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I		PLICABLE	
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:		our records, <u>enter t</u>	he name of the new regist
	NOT APPLICABLE		
New Registered Office Address:		nter Florida street address	
		. Flo	orida
	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
MGMR	JUAN CARLOS JACOME	11632 NW 69TH TERRACE	<b>\(\overline{\overl</b>
		DORAL FL 33178	□Remove
			(]Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			[]Change
			□Add
			□Remove
			□ Add
			□Remove
			□Add
			Remove
			Change

If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
-	
Effec	tive date, if other than the date of filing:(optional)
Note:	flective date, if other than the date of filing:
he reco	ord 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 filed.
Dated	OCTOBER 29 . 2020
	Signature of a member or artiforized representative of a member
	Couis 20/60 Eram

• • •

Filing Fee: \$25.00