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COVER LETTER

O: Registration Se Division of Cor				
UBJECT: JJ	Services FL	LLC .		
	Name of Lim	ited Liability Company	··	
	Amendment and fee(s) are sub- indence concerning this matter	-		
	Julio Lemi	Name of Person	-	
	JJ Service	S FL LLC Firm/Company		
	21720 9	SW 104 th Ct	#105	
	Cutter Bay	FL 33190 City/State and Zip Code	2020 SEP 22 STALL ARY iffication)	در ا: ا
	E-mail address: (1	to be used for future annual report not	ification)	
for further information c	oncerning this matter, please ca	all:	•	٠ سر
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inclosed is a check for th	ne 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 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

JJ Services FL LLC			
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company were filed on	3/19/200	8_ and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company h	ere:		
The new name must be distinguishable and contain the words "Limited Liability Company," the o	lesignation "LLC" or the a	bbreviation "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 office address on our	ecords, <u>enter the nam</u>		registered
agent and/or the new registered office address here:		17.7.4 19.8.61	771
Name of New Registered Agent:		22	1000
New Registered Office Address:		System Par	
Enter Flo	rida street address	PHIZ: 03	ALCO DE
	, Florida	ုံ 🗒 🐱	

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.

City

Zip Code

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager .MBR = Authorized Member

<u>'itle</u>	Name	Address	Type of Action
NGR	Vazmin Gonzalez	21720 SW 104" Ct #10	∑ X ∧dd
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