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COVER LETTER

	Registration Se Division of Cor									
erib itez		ANCE SERVICE								
Name of Limited Fiability Company										
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for tiling.							
Please ret	um all correspo	ndence concerning this matter	to the following:							
		OMAR NZARIO								
			Name of Person							
		JPJ INSURANCE SERVE	CES, LLC							
			Firm/Company							
		PO BOX 450895								
		KISSIMMEE, FL 34745								
		City/State and Zip Code								
										
		h-mail address: (to be used for future annual report notif	ication)						
For furthe	r information c	oncerning this matter, please of	all:							
MYRIAN	d REYES		407 350-8237							
Name of Person			at ()Area Code Daytime	: Telephone Number						
Enclosed	is a check for th	ne following amount:								
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 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

JPJ INSURANCE SERVICE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/27/2018}{1}$ and assigned Florida document number 1.18000106029 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JPJ INSURANCE SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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. Thereby confirm that the limited liability company has been notified in writing of this change.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

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

AMBR = Authorized Member <u>Address</u> Type of Action Title Name: ☐ Remove _□ Change □ Remove _____ Change LEA 🗆 🔝 _____ Remove __ 🗆 Change □ Add ☐ Remove __ D Change ____ 🗆 Remove _□ Change □ Add _□ Remove

_□ Change

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Effective date, if other than the	he date of filing	<u>:</u> :			(optional)		
If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	nust be specific and block does not m	cannot be prior neet the application	to date of filing	ir more than 90 da	ys after filin	g.) Pursu	ant to 605 of be liste	.0207 (rd as tl
he record specifies a delay The 90th day after the re		ate, but no	t an effectiv	re time, at 12	2:01 a.m.	on th	e earlie	er of:
Dated MAY 11.		2018						
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Typed or printed name of signee

Filing Fee: \$25.00