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SECRETASY OF STATE

A. BUTLER APR 05 2022

COVER LETTER

Registration Section

Division of Corporations

TO:

O LIN I POZOTO		CONSULTING LLC	
SUBJECT:	Name of Lin	nited Liability Company	···
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
	17350 STATE HWY 249.	#220 Address	
	HOUSTON, TX 77064	Addiess	
	EFILE1234@INCFILE.CO	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
LOVETTE DOBSON		at ()	
Name	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing 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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

JS & JS CONSULTING LLC (Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/10/2018 ALLAHASSEE, Said of Clarific Company were filed on 1 100/2018 ALLAHASSEE, Said of Clarific Compan Florida document number L18000117565 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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

. Florida

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Julie A. Seiner	4419 Wildstar Circle	≡ Add
		Wesley Chapel, FL 33544	□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			Remove

		
 		
<u> </u>		
		
Note: If the date inserted in this	the date of filing:	to 605.020° se listed as
e record specifies a delayed effe rd is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
Dated	2022	
-	Signature of a member or authorized representative of a member	
	Joel Seiner Typed or printed name of signee	

Filing Fee: \$25.00