

L18000/60242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

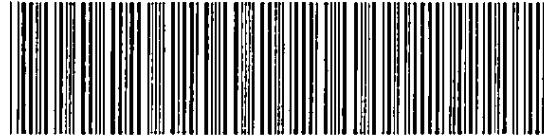
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name filed in error in 2018

Office Use Only



900345607569

FILED

2020 JUN 11 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MOON
JUN 11 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2020

OSMAR DELMIGLIO
7850 CROSSWATER TRL
APT 2107
WINDERMERE, FL 34786

SUBJECT: JAD SERVICES LLC
Ref. Number: L18000160242

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2020 JUN 11 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for JAD SERVICES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Due to a recent audit of our records, we have noticed that your entity was accepted in error. The name you filed was unavailable at the time of filing. We are attaching a FREE NO CHARGE name change amendment and asking you to change or alter your business name so that it is distinguishable from the active entity on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 220A00009271

2020 JUN -5 PM 2:49

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAD SERVICES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aurelio Gomes Denteado Neto
Name of Person

ONE TOUCH CONSULTING SERVICES LLC
Firm/Company

7345 W SAND LAKE RD, STE 224
Address

ORLANDO / FL 32819
City/State and Zip Code

CONTACT@ONETOUCHCS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aurelio at (407) 233 7350
Name of Person Area Code Daytime 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 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JUN 11 PM 12:05

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JAD SERVICES 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 07/02/2018 and assigned
Florida document number L18000160242.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JAD Services Florida LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

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2018 JUN 11 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Jad Services
Florida

Enter Florida street address

City

Florida

Zip Code

New Regi

ng Registered Agent:

*I hereby
provisionally*

*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.*

*tered agent and agree to act in this capacity. I further agree to comply with the
proper and complete performance of my duties, and I am familiar with and*

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2020 JUN 16 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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2020 JUN 11 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JUNE 2nd, 2020

Signature of a member or authorize

Signature of a member or authorized representative of a member

OSMAR DELMIGLIO

Typed or printed name of signee

Filing Fee: \$25.00