118000162087

(Re	questor's Name)	
(Ad	dress)	-
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER AUG 2 0 2018

COVER LETTER

	gistration Sec ision of Corp				
SUBJECT:	JTC GENE	RAL SERVICES LLC			
30031.01.		Name of Lim	ited Liability Company		
		Amendment and fee(s) are subnidence concerning this matter			
		CASSIANO SCHMITT R	ODRIGUES		
			Name of Person		
		JTC GENERAL SERVIC	ES LLC		
Firm/Company					
		13312 TWIN WOOD LN	#1810		
	Address				
		ORLANDO FL 32837			
			City/State and Zip Code		
		delacuba3@gmail.com	to be used for future annual report notifi	cation)	
For further is	nformation co	oncerning this matter, please co			
CASSIANC	SCHMITT		407 627-7344 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e following amount:			
≅ \$25,00 I	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JTC GENERAL SERVICES LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000162087</u> .	were filed on JULY 3, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company" the designation "FI (" or the abl	previation "L.J. C.
-	my company, are designation 1500. Or the teet	SE SE
Enter new principal offices address, if applicable:		- 등 관
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		- P. S.
Enter new mailing address, if applicable:		9: H
(Mailing address MAY BE A POST OFFICE BOX)		9 👸
[Mulling dataress MAT BE A 1 001 011 1CC 15050]		
B. If amending the registered agent and/or registered of	ffice address on our records, enter	the name of the new
registered agent and/or the new registered office address her		
Name of New Registered Agent:		
Name of New Negistered Ngem.		
New Registered Office Address:	Enter Florida street address	
	enter r tortaa street aaaress	
	, Florida	
	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>	<u>Address</u>	Type of Action
AMBR	THAIS AMARAL SCHMITT R	13312 TWIN WOOD LN /31810	■ Add
		ORLANDO FL 32837	Remove
			☐ Change
			□ Встюуе
			Change
			Remove
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ective date, if other than the date of f reffective date is listed, the date must be specifi	ic and cannot be prior	to date of filing or t	nore than 90 days afte	ional) er filing.) Pursuant to 605.
te: If the date inserted in this block does a tument's effective date on the Department	not meet the applic t of State's records	able statutory fili:	ng requirements, th	is date will not be liste
record specifies a delayed effecti	ve date, but no	t an effective	time, at 12:01	a.m. on the earlie
he 90th day after the record is fil	led.			
AUGUST 8	2018			
AUGUST 8	— <u>;</u> ;; 	·		
	14			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00