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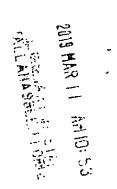
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COVER LETTER

TO:

Registration Section Division of Corporations

	JPP S	ERVICE INC.	
SUBJECT:	Name of Lim	ited Liability Company	- FEE 2013
	Amendment and fee(s) are sub		SCHOOL AND SCHOOL STATES
	JENNEF	R OCTAVIO PALOMARES PORRA	is a second
	Jenn	Name of Person	<u> </u>
		Firm/Company	
	5.5	81 NW 112TH AVE APT 307	
		Address	
		DORAL, FL 33178 City/State and Zip Code	
	ienn	ercompactsolution@hotmail.com	
		to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
JENNER OCTAV	10 PALOMARES PORRAS	786 886-7788 at ()	
Name of	Person		Telephone Number
Enclosed is a check for th	e 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)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cere	1 ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JPP SER	RVICE INC.		班罗	•
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears (Liability Company)	on our records.)	Ser -	•
The Articles of Organization for this Limited Liability Company 1.18000229200	were filed on	09/26/2018	and assign	: چن ا
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	bility company here	<u>e</u> :		
"JPP SERVICE, I	LLC"			
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the desi	ignation "LLC" or the	abbreviation "L.L.C	C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)				
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. 		our records, <u>ent</u>	er the name of	f the 1
Name of New Registered Agent:				, <u> </u>
New Registered Office Address:	Frier Florid	a street address		
	Emer i torus	a arte mairea		
	City	, Florida	Zip Code	·
	U44.9		sup Couc	

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			☐ Change
			Remove
			□ Change
			Add
			□ Remove
			☐ Change
			∧dd
			□ Remove
			Change
,			
			☐ Remove
			Change
			☐ Remove
			□ Change

If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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44		
Effective da	ate, if other than the date of filing:(optional)	
(If an effective Note: If the	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 6 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1 effective date on the Department of State's records.	io5.0207 (3 isted as th
the record) The 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear of day after the record is filed.	rlier of:
Dated	MARCH 06 2019	
	enver alomoves	
_	Signature of a member or authorized representative of a member	
	JENNER OCTAVIO PALOMARES PORRAS	
_	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00