L18000284598

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filina Officer:	
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COVER LETTER ,

TO:	Registration Se Division of Cor				
		E SOLUTIONS, LLC			
SUBJE	CI:	Name of Lim	ited Liability Company		
The end	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		JOHN MENDOZA			28211/13
		- 	Name of Person	-	:
		J&A HOME SOLUTIONS	S, LLC		1
			Firm/Company		O'
		460 GLENWOOD DRIVE			PH 2
			Address		2: 17
		WEST PALM BEACH, F	L 33415		, ; -1
			City/State and Zip Code	·	
		jwmr88@gmail.com	0.1,7,0.114 1.12 1.17 1.11 1.11 1.11 1.11 1.11 1.11		
		E-mail address: (to be used for future annual report r	notification)	
For furt	her information c	oncerning this matter, please ca	all:		
JOHN :	MENDOZA		561 4101223		
	Name o	f Person	Area Code Day	time Telephone Number	
Enclose	ed is a check for th	ne following amount:			
□ \$25	i.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

J&A HOME SOLUTIONS, LLC		
(Name of the Limited Liability) (A Florida Li	Company as it now appears on our recimited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con	mpany were filed on 12/11/2018	and assigned
Torida document number L18000284598		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limite	d liability company here:	
&A PAINTING SOLUTIONS, LLC		5
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	SS)	1
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A company of the section		* · · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register	red office address on our reco	rds, enter the name of the
egistered agent and/or the new registered office addre		
Name of New Registered Agent:		· -
New Registered Office Address:		
	Enter Florida street ada	tress
	,	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>	Address	Type of Action
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			☐ Change
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ective date, if other than the d reffective date is listed, the date must	e specific and cannot be p	rior to date of filing o	r more than 90 days at	ttonar) ter filing.) Pu	suant to 60:	5.02
te: If the date inserted in this bloc cument's effective date on the Dep			ling requirements, t	his date will	not be list	ted
·						
record specifies a delayed		not an effective	e time, at 12:01	a.m. on	the earli	ier
he 90th day after the reco	d is filed.					
ed APRIL, 29th	2021					
ed	· - <i></i>					

Page 3 of 3

Filing Fee: \$25.00