## L1900035494

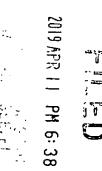
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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C. GOLDEN APR 1 7 2019

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	J F Prin	Vate Services ited Liability Company	LLC
The enclosed Articles of	Amendment and feets) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Sesus Loub Name of Person	riel
	JF Pri	Vote Service	» LLC
	11520 Brig	nton Knoll	Loop
	Rivervie	City State and Zip Code	79
	J frivates	City State and Zip Code  ENVICES agmail to be used for future annual report notif	· Com
For further information of	oncerning this matter, please ca	all:	
<u>Jesus</u> Name e	Loubriel  Terson	$\frac{186}{\text{Area Code}}$ Area Code Daytime	0449 e Telephone Number
Enclosed is a check for the	he 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 Fallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION
OF

JF Private Services LLC "6.30

( <u>Name of the Limited L</u> (A F	lability Company as it now appears on our records.) lorida Limited Liability Company)		σ
The Articles of Organization for this Limited Liabil Florida document number <u>L1900035</u>	ity Company were filed on <u>2/04/2019</u> 5 <u>494</u>	and assigned	
This amendment is submitted to amend the following	ត្រ: 		
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 abbr	reviation "L.L.C."	
Enter new principal offices address, if applicable	:		_
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the address here:</u>	he name of the	: new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		_
_	Florida	<b>-</b>	
	Cuy	Zip Code	
New Registered Agent's Signature, if changing Regis	stered 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. Thereby 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 or removed f	Authorized Person(s) authorized to ma <u>rom our records</u> :	nage, enter the title, name, and address of each	person_being added
$MGR = M_{i}$ $AMBR = Au$	urager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Kiverview H 33579	☐ Remove
	Δ	Λ	Change
MBR	Arlene hosario	11520 Brighton Knoll Log Riverview Fl 3357-9	D CLASE
		Niverview H 3357-9	□ Remove
			Change
		<del> </del>	□ Add
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ian effec <u>Vote:</u> H	re date, if other the dive date is listed, the fithe date inserted int's effective date of	r date must be sp in this block d	occific and coes not mu	annot be prio zet the appli	cable statutor	ig or more than		ling.) Pursuant to	
	ord specifies a c 90th day after t			ate, but n	ot an effec	tive time, a	at 12:01 a.	m. on the ea	ırlier of
ated	April	09	<u></u>	2019	·				
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Page 3 of 3

Filing Fee: \$25.00